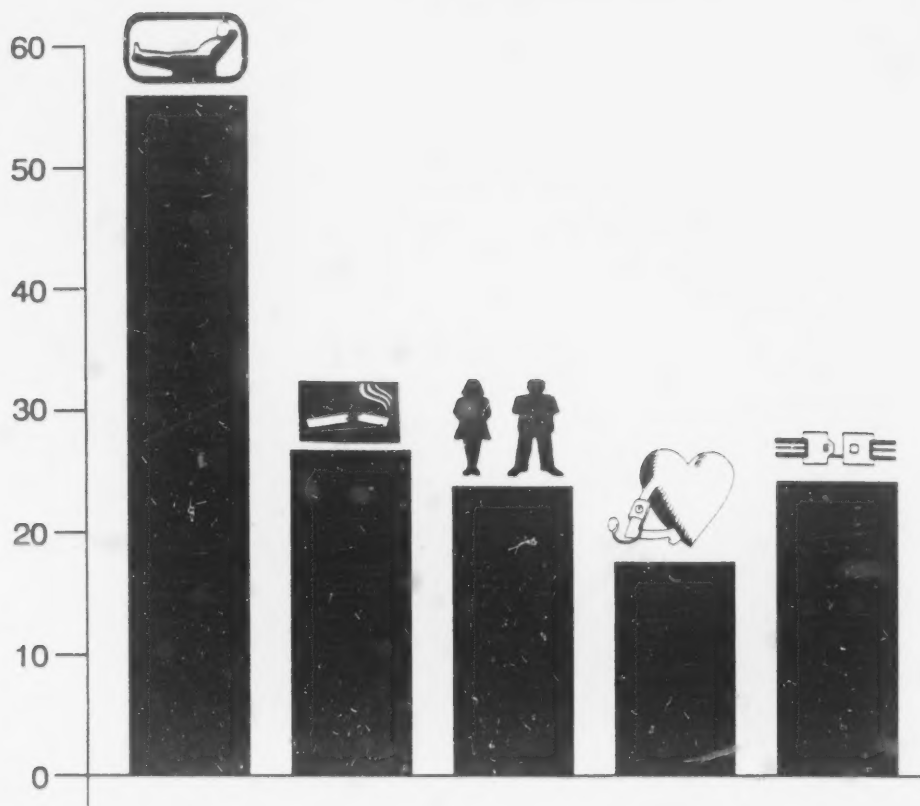


CONNECTICUT

BEHAVIORAL HEALTH RISKS

1988



State of Connecticut Department of Health Services

**A REPORT ON
BEHAVIORAL HEALTH RISKS
CONNECTICUT
1988**

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CONNECTICUT DEPARTMENT OF HEALTH SERVICES
CENTER FOR CHRONIC DISEASE, URBAN/RURAL HEALTH

Behavioral Risk Factor Surveillance Survey
Executive Summary-1988

In 1988 the Connecticut Department of Health Services, with support from the Centers for Disease Control (CDC), participated with 36 other states (including the District of Columbia) in the Behavioral Risk Factor Surveillance Survey (BRFSS) to determine the prevalence of risk factors related to the leading causes of death. During the year a local marketing research firm conducted a telephone survey of 1168 randomly selected state residents 18 and older to ask questions about seat belt use, hypertension, exercise, weight and diet, cigarette smoking, and alcohol use. Demographic information was also obtained on sex, age, race, income, education, and marital status. Overall results for the entire sample, weighted to match the Connecticut 1980 census data, are summarized below.

Seat Belt Use

Since the last BRFSS survey was conducted in 1985, a state law requiring seat belts for front seat passengers took effect. The number of respondents who reported seldom, never, or sometimes using seat belts (considered "at risk" by CDC) during 1988 represented 25.2% of the Connecticut population, down from 58% in 1985.



Hypertension



Current hypertensives were those who reported they had been told more than once that their blood pressure was high, or were on medication, or reported their blood pressure was still high. The prevalence of current hypertension in Connecticut was 15.8%. Over 98% of respondents indicated their blood pressure had been measured by a doctor within the past 5 years.

Weight and Diet

Respondents were asked about height, weight, and whether they were trying to lose weight. Obesity was determined as a percentage of the ideal weight from the 1959 Metropolitan Height-Weight tables, and also from calculated body mass index (BMI). The prevalence of obesity was 23.3% by the first method and 19.7% by BMI. Prevalence rates for men and women were similar for each of the methods. Nearly one third of men (31.2%) and nearly half of women (48.6%) reported they were trying to lose weight.



Cholesterol



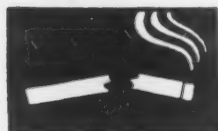
Over half (53.4%) of the respondents had had their cholesterol measured; although many were not told the actual reading, one in five of those tested had been told their cholesterol was high. Of the approximately 200 who knew their level, 30% were considered at risk (level of 240mg/dL or greater), 31% were borderline high (200-239 mg/dL), and 39% were considered not at risk (below 200 mg/dL).

Sedentary Lifestyle

Several questions were asked about exercise habits in order to determine the frequency, duration, and level of exercise. From these answers, four levels of physical activity were established; the risk category was defined as those who were sedentary or exercised less than 20 minutes at a time or less than 3 times per week. Over half (57.6%) of Connecticut adults were considered to be at risk for lack of adequate regular exercise.



Tobacco Use



The prevalence of cigarette smoking in 1988 was 26.7% and was not significantly different from the 1985 rate. More than half of those who *ever* smoked have quit and 43.8% of current smokers quit for one week or more in the past year. The prevalence of current smoking was similar for men and women and highest for those in the 18-24 year age group (34.4%). Fewer than 1% of respondents reported current smokeless tobacco use.

Alcohol Use

Three categories of alcohol risk were examined. The prevalence of chronic drinking, or consumption of 60 or more drinks per month, was 9.0%. Those who reported having 5 or more drinks on an occasion at least once in the past month were designated acute drinkers and comprised 17.3% of Connecticut adults. The prevalence of drinking and driving one or more times in the previous month was 3.8%, down from 6% in 1985. The prevalence of each alcohol risk factor was significantly higher for men than women.



Summary

A summary of risk factors for Connecticut for 1988 is shown below, along with the median for all 37 states for comparison. Note that Connecticut compares favorably with the other states except in the areas of smoking and alcohol use.

Risk Factor	CT Prevalence(+/- 95% CI)	Median 37 states
Seatbelt non-use	25.2% (2.81)	30.1%
Current hypertension	15.8% (2.31)	17.3%
Sedentary lifestyle	57.6% (3.18)	58.0%
Obesity >120%	23.3% (2.62)	25.1%
BMI	19.7% (2.46)	20.9%
Smoking	26.7% (2.87)	24.3%
Smokeless tobacco use	0.9% (0.63)	3.0%
Alcohol -Any drinking	69.2% (2.93)	54.1%
Chronic drinking	9.0% (2.07)	5.8%
Acute drinking	17.3% (2.60)	15.3%
Drinking/driving	3.8% (1.35)	3.2%

I. Introduction

Since the early part of this century, there has been a shift in the leading causes of mortality from infectious to chronic diseases. This trend is reflected in statistics for the leading causes of death; 8 of the 10 leading causes of mortality in Connecticut for 1988 were chronic diseases, including injury, accounting for 77% of the deaths. While infectious disease control involves improved sanitation, immunization, and medical advances, many of today's chronic diseases could be substantially reduced by modifications to behavioral risk factors such as smoking, diet, and exercise. The Behavioral Risk Factor Surveillance Survey (BRFSS) was designed by the Centers for Disease Control (CDC) to collect data on lifestyle risk factors related to the major causes of death and disability. In 1988, 36 states plus the District of Columbia collected data from randomly selected adults by a monthly telephone survey, conducted in cooperation with CDC. In Connecticut, 1188 adults were interviewed to obtain data on smoking, exercise, high blood pressure, obesity, alcohol consumption, cholesterol, seat belt usage, and AIDS. The telephone survey was conducted by a local marketing research firm and the data were analyzed by the Centers for Disease Control.

A major goal of the survey was to enable states to formulate health promotion objectives and establish intervention priorities. In order to assist states in this endeavor, a spreadsheet developed by William Thar of CDC was provided to enable each state to estimate the number of deaths attributable to the risk factors addressed in the BRFSS. Calculations, based on the actual mortality figures for Connecticut for 1988, the risk factor prevalences reported here, and the relative risks provided in the spreadsheet, generated estimates - not actual measures - of the population attributable deaths. It was estimated that 10,710 deaths, or 38% of the total deaths in 1988, were attributable to smoking, drinking, high blood pressure, obesity, sedentary lifestyle, and lack of seatbelt use (Table I and Figure 1). One third of these risk-attributable deaths were related to smoking. Those involved with targeting of health promotion and intervention programs should consider the population attributable deaths rather than just the risk factor prevalence rates.

Table I
Connecticut - 1988 Attributable Deaths

DISEASE	RISK FACTOR						
	Smoking	High-BP	Obesity	Drinking	Sedentary	Seatbelt	Total
Heart Disease	1204	1461	1794	-	978	-	5437
Stroke	110	868	154	-	-	-	1132
Lung Disease	656	-	-	-	-	-	656
Motor Vehicle	-	-	-	72	-	91	164
Cancer	1498	-	183	10	-	-	1690
Other Injury	-	-	-	262	-	-	262
Suicide	-	-	-	88	-	-	88
Liver Disease	-	-	-	266	-	-	266
Diabetes	-	-	189	-	-	-	189
Other	78	536	115	96	0	-	826
Totals	3546	2865	2435	794	978	91	10,710
Total deaths in CT, 1988, all causes							28,515

ATTRIBUTABLE DEATHS

CONNECTICUT 1988

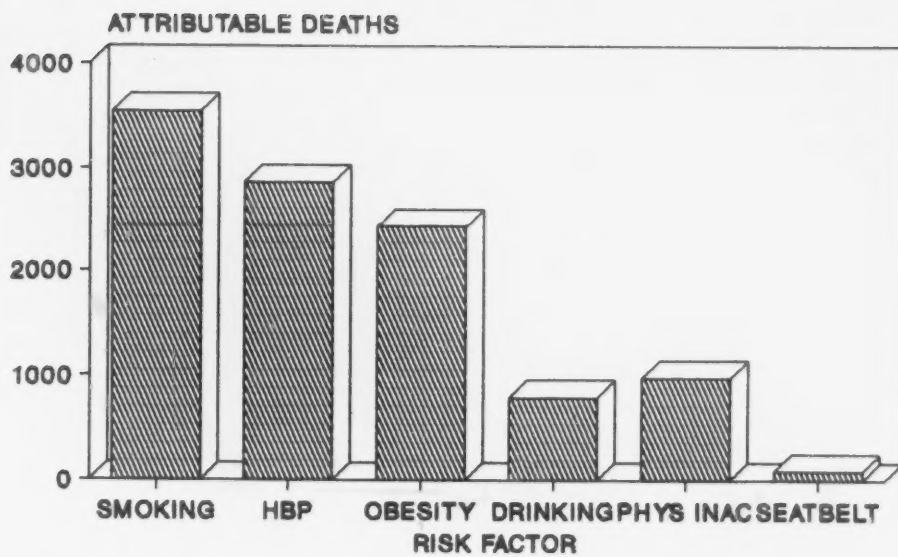


Figure 1

II. Methodology

The Behavioral Risk Factor Surveillance System is an ongoing telephone survey conducted as a combined effort by the Centers for Disease Control and the participating states. In Connecticut, the Department of Health Services coordinates the survey, participates in questionnaire development, performs some data analysis, and prepares the report. CDC provides the core questionnaire, the methodology, training, technical assistance, data analysis, and the sample of telephone numbers. Thirty-six states plus the District of Columbia participated in the 1988 BRFSS.

Sampling Design

A telephone survey was selected for this study because of its relative low cost, ease of implementation, and ease of reaching respondents compared with other methods. Telephone surveys have been shown to be a reasonably accurate and cost effective alternative to in-person interviews for establishing prevalence of health behaviors in areas with a high rate of telephone coverage (1). Connecticut had the highest percentage of households with phone service in the country in 1988 at 97.4%, according to the Department of Public Utility Control.

Eligible survey respondents consisted of in-state non-institutionalized adults 18 or over with telephones in their households. CDC supplied clusters or blocks of 100 phone numbers sharing the first 5 digits of the 7 digits for area code 203, in a modification of the Waksberg (2) procedure. Clusters were screened in order to select 33 residential clusters to be telephoned each month; an entire block was discarded if the first randomly selected number reached a business.

Three interviews were completed in each cluster. Interviews were conducted on evenings, weekends, and weekdays according to the schedule supplied by CDC. Once a household was reached, a random selection of eligible respondents was made. If the selected respondent was not at home, an appointment was made to call back. If a household was not reached after multiple tries or the number did not result in an interview for any reason, a second number was randomly chosen from the same block and tried.

Questionnaire

The survey questionnaire consisted of several sections. All participating states asked the same core questions on seat belt use, hypertension, exercise, obesity, smoking, smokeless tobacco, alcohol use, and demographics developed by CDC. In 1988 a section on preventive health practices, including cholesterol testing, was added for all 37 participating states. Connecticut also included the optional module on AIDS which was provided by CDC. A copy of the 1988 Connecticut questionnaire is included in Appendix C.

Data Collection and Analysis

Trained interviewers employed by the marketing research firm conducted the telephone survey, with a supervisor available to answer any questions and assure respondents that a legitimate survey was being conducted. A computer program was written to permit data entry during interviewing, similar to the CATI system used by other states. This system provided for automatic skipping and immediate error checking for quality control. In addition, follow-up calls were made each month to approximately 10% of respondents to verify selected responses and the number of adults in the household. Once follow-up was completed, the telephone number was replaced with a code number to guarantee confidentiality.

Data were sent each month on floppy disks to CDC where they were further verified and analyzed. A total of 1188 interviews were completed during 1988 from 3548 telephone numbers. The distribution of telephone calls by outcome is shown in Table II. Sample data were weighted considering the age, gender, and race distribution from the 1980 census, the number of adults and telephones in the household, and cluster size. During the weighting process, records with incomplete data were removed, resulting in a final

sample size of 1168. To detect associations between risk factors, Chi-square analyses were performed on the unweighted data using PC SAS, with unknown and refused categories excluded. Unless otherwise noted, the remaining results presented here are based on the weighted data and should be representative of the Connecticut population. The demographics of the sample and population are shown in Table III.

Limitations

Although a telephone survey was considered appropriate because of the high level of phone coverage in Connecticut, some sample bias may have been introduced since minorities and those with lower incomes may be less likely to have telephones. Non-English speaking minorities were also likely to be under-represented. Even without bias, the sample size for Hispanics was too small to permit any accurate estimates of prevalence for this important group. In addition, several categories of marital status, education level, and race also contained less than 50 respondents and data in these categories should be examined cautiously. It is also important to remember that the survey results are based on self-reported data and people may report a better lifestyle than is actually practiced.

Table II
*Disposition of all Telephone Numbers in Sample
Connecticut 1988*

Disposition	Number	Percent
1. Completed interview	1,188*	33.5
2. Refusal	443	12.5
3. Nonworking number	669	18.9
4. No answer (multiple tries)	609	17.2
5. Business phone	375	10.6
6. No eligible respondent in household	31	0.9
7. Selected respondent unavailable during survey period	107	3.0
8. Language barrier	49	1.4
9. Interview terminated within questionnaire	7	0.2
10. Line busy (multiple tries)	27	0.8
11. Selected respondent unable to respond because of impairment	43	1.2
Total Telephone Numbers	3,548	100.2
*20 questionnaires contained incomplete or inaccurate data; therefore 1,168 interviews were used in the statistical analyses.		

Table III
Demographics

	Respondents		Population*	
	N	%	N	%
Age				
18-24	112	9.6%	385,073	17%
25-34	289	24.7%	491,128	22%
35-44	252	21.6%	369,299	16%
45-54	153	13.1%	338,898	15%
55-64	142	12.2%	177,016	15%
65+	220	18.8%	364,858	16%
	1168	100.0%	2,284,634	101%
Sex				
Male	485	41.5%	1,078,046	47%
Female	683	58.5%	1,206,588	53%
	1168	100.0%	2,284,634	100%
Race/ethnic group				
White	1038	88.9%	2,040,748	89%
Black	67	5.7%	110,444	5%
Hispanic	40	3.4%	83,983	4%
Asian/P.I.	12	1.0%	22,838	1%
Alu/Esk/Am Indian	2	0.2%	9,299	0%
Unknown	9	0.8%	17,319	1%
	1168	100.0%	2,284,631	100%
Income				
<\$10,000	97	8.3%		
\$10,000-\$14,999	76	6.5%		
\$15,000-\$19,999	91	7.8%		
\$20,000-\$24,999	118	10.1%		
\$25,000-\$34,999	181	15.5%		
\$35,000-\$50,000	196	16.8%		
>\$50,000	91	7.8%		
Unknown	318	27.2%		
	1168	100.0%		
Education				
<9th	55	4.7%		
Some HS	127	10.9%		
HS Grad	380	32.5%		
Some Tech. School	35	3.0%		
Tech. School	32	2.7%		
Some College	214	18.3%		
College Grad	205	17.6%		
Post Grad	116	9.9%		
Unknown	4	0.3%		
	1168	99.9%		
Marital Status				
Married	650	55.7%		
Divorced	127	10.9%		
Widowed	128	11.0%		
Separated	29	2.5%		
Never Married	215	18.4%		
Unmarried Couple	18	1.5%		
Unknown	1	0.1%		
	1168	100.1%		

* 1980 census data
Note: Totals may not add to 100%
due to rounding

III. Survey Results

A. Seat Belt Usage

Unintentional injuries are the fourth leading cause of death overall in the state. During 1988, injuries (accidents) were responsible for 961 deaths in Connecticut, including 498 motor vehicle fatalities which were the leading cause of injury-related death. Motor vehicle fatalities were the leading cause of death, overall, for young adults 18 to 29 years of age. Seat belts have been shown to reduce the risk of death or serious disability in a motor vehicle by as much as 50%. (A second major risk factor in motor vehicle related injuries, drinking and driving, is discussed under alcohol use.) Federal law has required that seat belts be installed in all passenger vehicles made since 1967. However, observational surveys in Connecticut in 1981 and 1984 have shown that only about 12% of adults actually used them (3).

During 1985, Connecticut passed legislation, effective January 1986, requiring seat belt use by drivers and front seat passengers. Children under the age of four have been protected in both the front and rear seats since 1982 by the Child Auto Safety Law.

In this survey, 74% of Connecticut residents reported always or nearly always using seat belts in 1988, while 8.6% reported they never do (Figure 2). Women were more likely than men to always or nearly always buckle up (79% vs. 69% for men). Considering the "at risk" category to be those who sometimes, seldom, or never use seatbelts, 31% of men and 20% of women, or a total of 25.2% of Connecticut residents were at risk. In 1985, prior to the seat belt law, 58% of state residents were at risk for non-use of seatbelts. Seat belt usage in 1988 varied by age as shown in Figure 3; non-use includes those reporting sometimes, seldom, or never using seatbelts. Seat belt usage was lowest for 18 to 24 year olds who have the highest risk of dying in a motor vehicle accident. Respondents with more years of education reported greater seatbelt usage and therefore less risk as shown in Figure 4.

FREQUENCY OF SEATBELT USE CONNECTICUT 1988

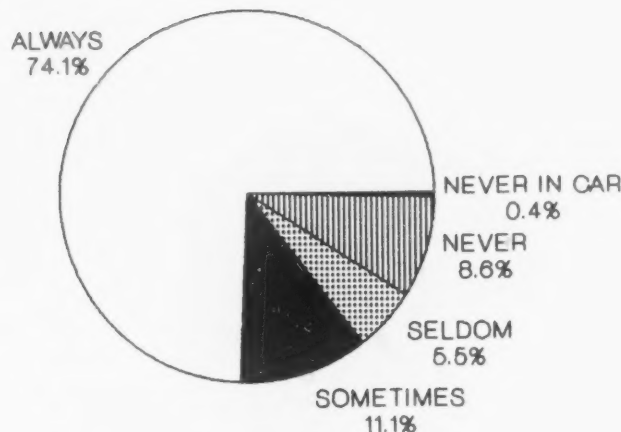


Figure 2

SEATBELT NON-USE

CONNECTICUT 1988

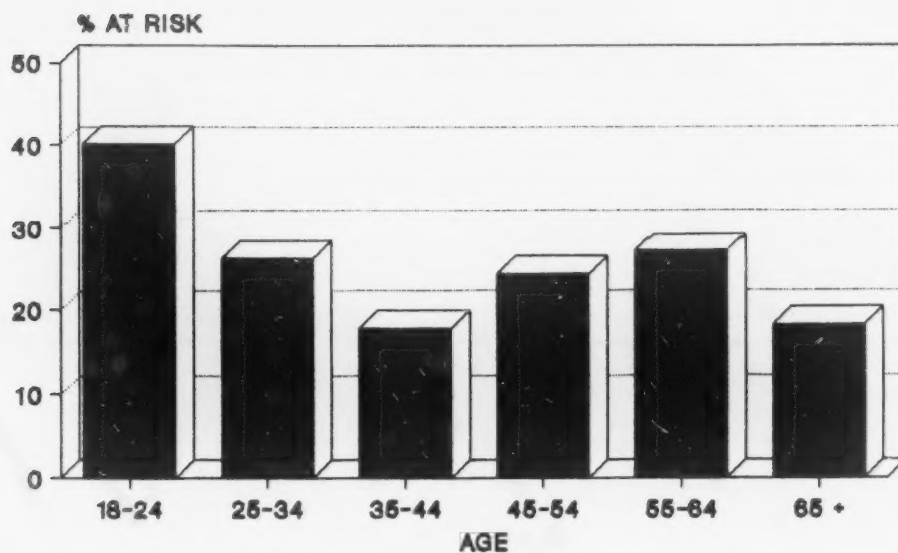


Figure 3

SEATBELT NON-USE

CONNECTICUT 1988

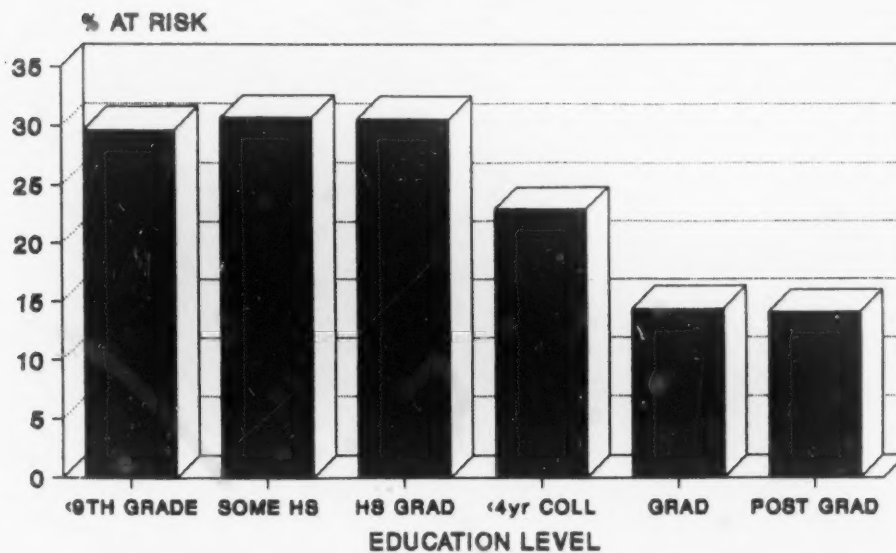


Figure 4

B. Hypertension

Hypertension is a major risk factor for heart disease and the number one risk factor for stroke, two of the leading causes of death for Connecticut residents. The risk of stroke is up to 7 times greater and the risk of coronary heart disease (CHD) is 3-4 times greater for those with high blood pressure as compared with people with normal or controlled blood pressure. CHD, which can result in a heart attack, occurs when arteries in the heart become blocked. Since hypertension produces no clear symptoms, regular blood pressure measurements are essential for detection and control. In addition to its role as a risk factor, hypertension was also the direct cause of 405 deaths in Connecticut in 1988.

Several survey questions were included to classify respondents according to hypertension risk. The National Heart, Lung, and Blood Institute has defined "current hypertensives" as those who have been told on more than one occasion that their blood pressure was high, or are taking medication, or report their blood pressure is still high. The prevalence of current hypertension increased with age as shown in Figure 5. The overall prevalence of current hypertension in Connecticut, which should include all *known* diagnosed hypertensives, was 15.8%. Although the prevalence was higher for females (17.0%) than for males (14.6%) and for non-whites (17.2%) compared with whites (15.6%), these differences were not statistically significant. Nearly one fifth of those surveyed (19.9%) had been told at least once that their blood pressure was elevated.

CURRENT HYPERTENSIVES

CONNECTICUT 1988

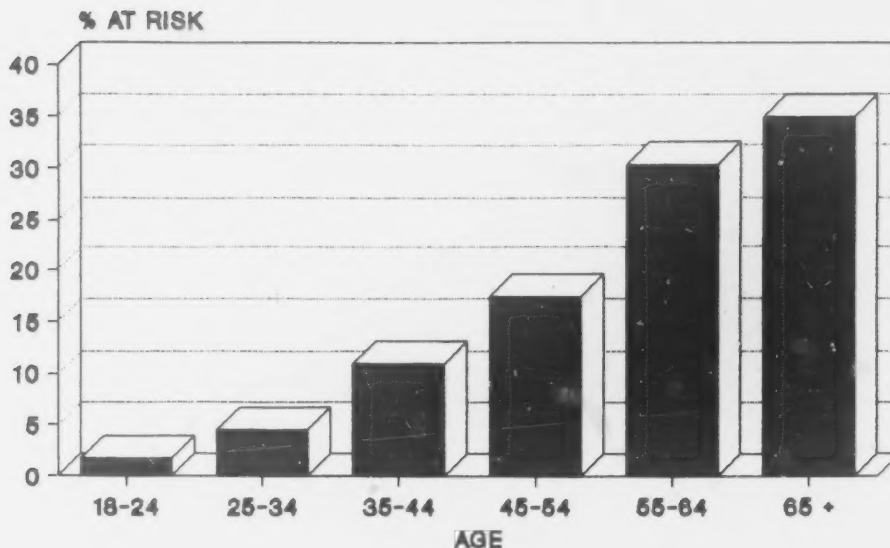


Figure 5

C. Exercise

Physical activity provides a wide range of positive physical and psychological benefits. Regular and brisk exercise has been shown to be a protective factor against coronary heart disease (CHD), the leading cause of death in the United States today. The average relative risk for physical inactivity was shown to be similar to the other CHD risk factors of high blood pressure, serum cholesterol, and cigarette smoking (4).

In addition to offering protection against CHD, physical activity may have beneficial effects on hypertension, non-insulin dependent diabetes, and osteoporosis (5). Other benefits of exercise include loss of excess weight, and improved stamina, flexibility, and muscle strength. Many people who exercise regularly experience improved self-esteem, greater self-reliance, decreased anxiety, and relief from mild depression (6).

The 1988 Behavioral Risk Factor Surveillance Survey questionnaire included 10 questions pertaining to respondent's exercise patterns in the past month. Intensity and frequency of exercise were determined from responses concerning the type, frequency, and duration of exercise and the mileage when appropriate. Based on the responses, an estimate was made by CDC of exercise intensity and respondents were classified into four activity levels:

1. Those who met the 1990 Objectives for the Nation by exercising at 60% of functional capacity for 20 minutes or more, at least 3 times per week.
2. People who exercised 20 minutes or more at least 3 times per week but at less than 60% of functional capacity.
3. Irregular exercisers who exercised less than 3 times per week or less than 20 minutes at a time.
4. Those who were sedentary and reported no physical activity.

Individuals in classes 1 and 2 were considered to be achieving sufficient exercise levels, while those in classes 3 and 4 were considered "at risk" for lack of exercise. Over half (57.6%) of Connecticut residents were "at risk", including 33.5% who were sedentary. Results of classification by activity level are shown in Figure 6. The risk by age group is shown in Figure 7. Males and females were at about equal risk for sedentary lifestyle (56.5% vs. 58.6%) based on total respondents, however for non-whites, females were at significantly higher risk (72.7%) than males (46.8%). The 25-34 and 35-44 year olds were at lowest risk while those 65 and over were at greatest risk for not exercising. Risk was also related to education, with those who had not completed 9th grade having the highest risk at 82% while only 40% of those with post graduate degrees were at risk (Figure 8). Table IV shows the most frequent activities for males and females who exercise.

**PHYSICAL ACTIVITY LEVEL
CONNECTICUT 1988**

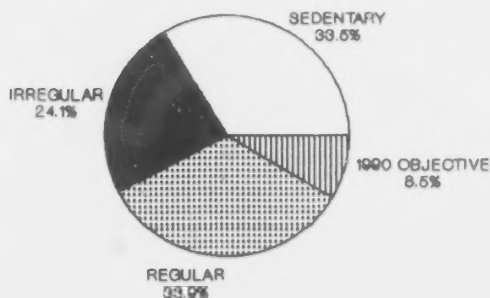


Figure 6

PHYSICAL INACTIVITY

CONNECTICUT 1988

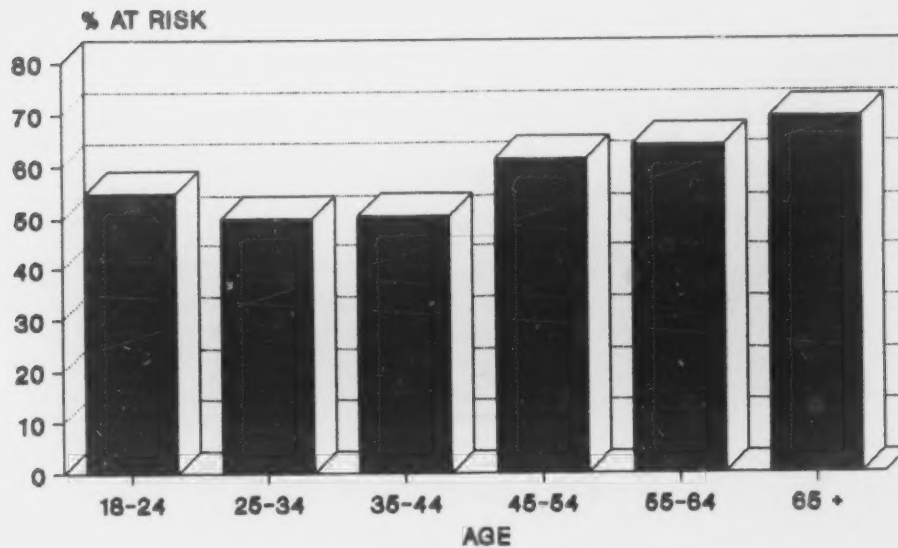


Figure 7

Table IV
Frequency of Activities for Those Who Exercise
Connecticut, 1988 (unweighted data)

Exercise	Males	Females
Aerobics	0.9%	11.9%
Bicycling	7.5%	4.4%
Calisthenics	6.0%	7.3%
Home exercise	1.8%	2.6%
Jogging	3.6%	2.8%
Running	10.8%	2.1%
Swimming	5.1%	5.6%
Tennis	5.1%	4.0%
Walking	36.0%	60.0%
Yard work	12.3%	13.1%
Weight lifting	11.4%	3.5%
	n = 333	n = 427

Activities reported as primary or secondary activity as percentage of those who reported any exercise.

PHYSICAL INACTIVITY

CONNECTICUT 1988

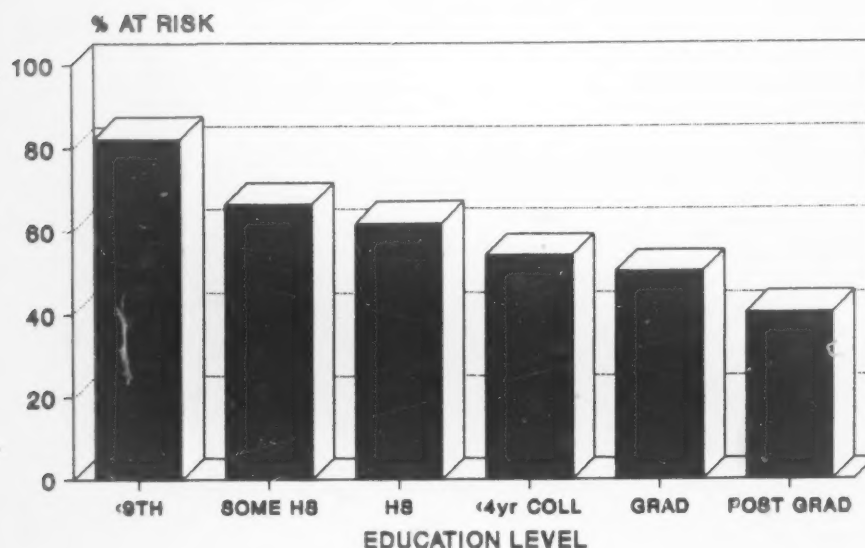


Figure 8

D. Weight and Diet

Obesity has many negative effects on health and length of life. Obesity is a risk factor for cardiovascular disease (7) and increases the risk of hypertension and high blood cholesterol, which are also CHD risk factors (8). Adult-onset diabetes is more likely to occur in overweight individuals. Obesity is also suspected to increase the risk of several types of cancer including prostate, breast, pancreatic, and ovarian (9).

Two different criteria for obesity were used by CDC in this survey. The definition used in previous surveys was 20% or more above the ideal weight for a median frame according to the 1959 Metropolitan Life Insurance height-weight tables. In order to better evaluate obesity in the entire population, including those less likely to have life insurance, Body Mass Index (BMI) was calculated ($BMI = \text{weight (Kg)} / \text{height(m)}^2$). Obesity was defined as at or above the 85th percentile of BMI for 20-29 year olds of each sex, estimated from the Second National Health and Nutrition Examination Survey (NHANESII) (10).

Based on the height-weight table definition, 23.3% of Connecticut residents were at risk for obesity and an additional 19.3% weighed 10-20% above the median for their height and weight (Figure 9). According to body mass index measurement, 19.7% were classed as obese; this rate was not significantly different from the 23.3% obtained by the other method. Prevalence of obesity was similar for males and females by both calculation methods, although it did vary by race, age and education level (shown for the height-weight table method in Figures 10, 11 and 12). Differences in prevalence rates from the tables between whites (22.9%) and non-whites (28.1%) were not significant however.

In view of the excess death and disease associated with overweight, weight reduction is recommended for those classified as obese. A combination of both reducing intake of calories and increasing the level of physical activity is important for achieving weight loss. Nearly half (48.6%) of females surveyed and 31.2% of males reported they were trying to lose weight. Of those trying to lose weight, 80.6% were eating fewer calories while 46.1% had increased their physical activity to lose weight and 37% were doing both. Figures were similar for males and females; younger respondents were more likely to report increased physical activity however than those 65 and over. While 71.3% of those classed as obese (by tables) were trying to lose weight, 29.8% of those not classed as obese were also trying to lose weight.

WEIGHT FOR HEIGHT AS % OF MEDIAN CONNECTICUT 1988

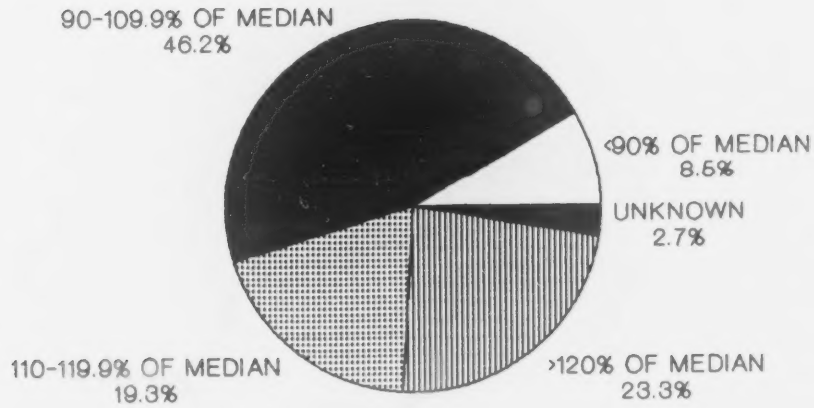


Figure 9

OBESITY >120% OF MEDIAN CONNECTICUT 1988

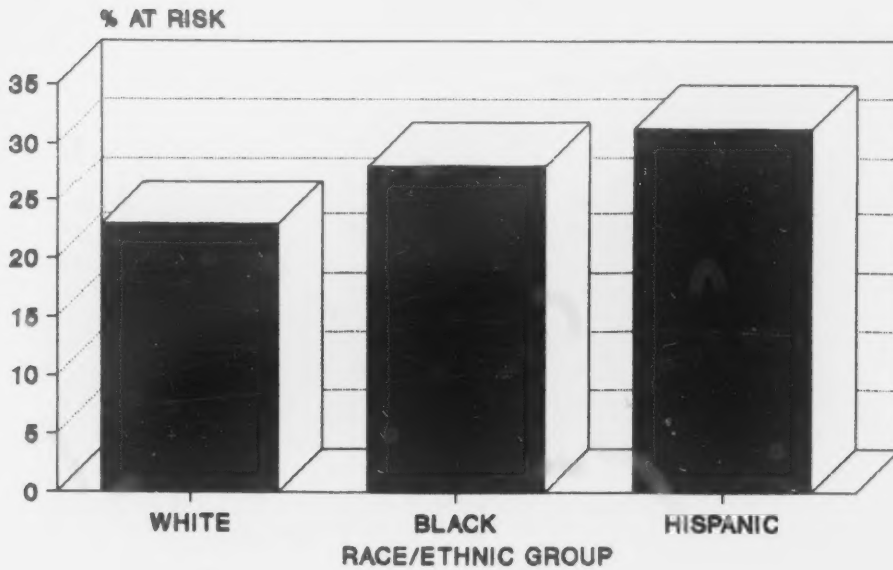


Figure 10

OBESITY >120% OF MEDIAN WT CONNECTICUT 1988

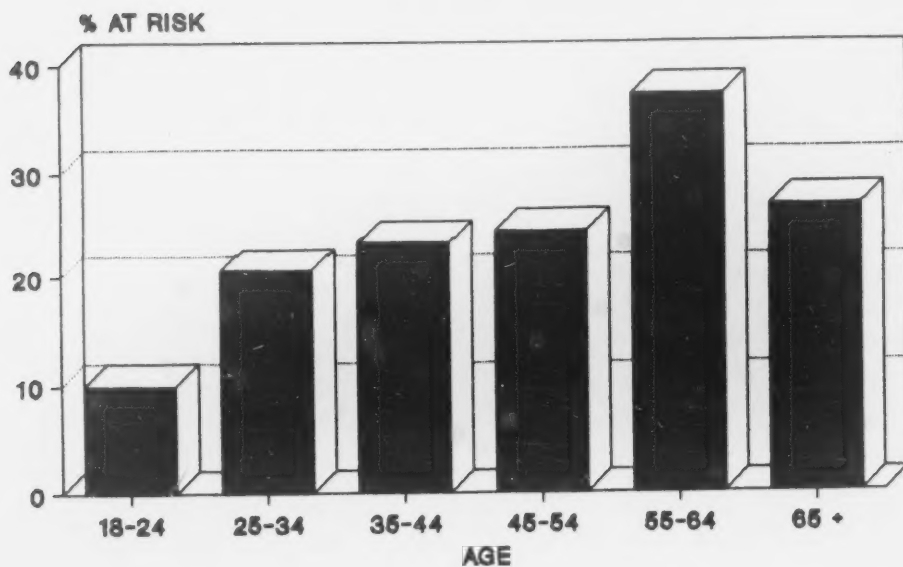


Figure 11

OBESITY >120% OF MEDIAN CONNECTICUT 1988

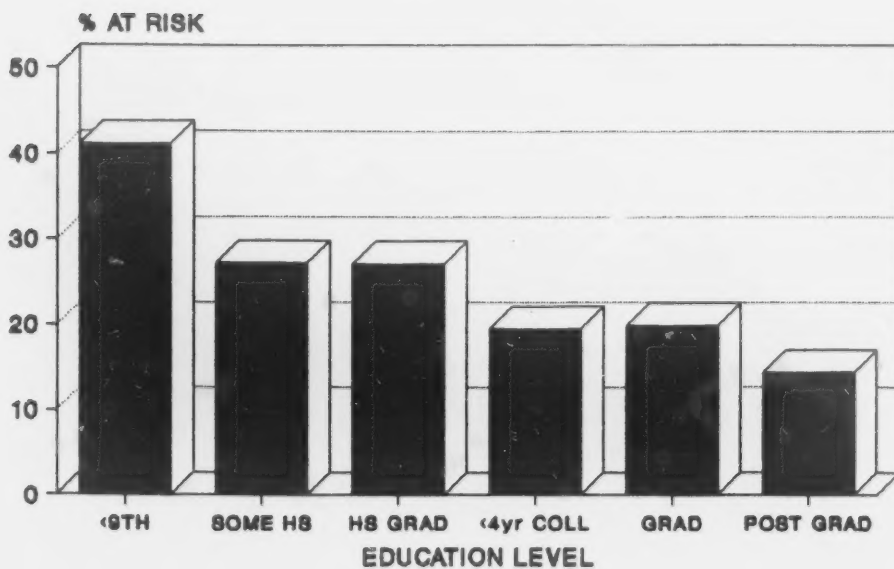


Figure 12

E. Cholesterol

In the past few years an association has been demonstrated between high levels of serum cholesterol and increased risk of coronary heart disease (CHD)(11). In addition, there is considerable evidence suggesting that individuals with elevated serum cholesterol can reduce their risk of CHD by lowering cholesterol levels. A simple blood test is available to measure serum cholesterol levels; over half of all respondents (53.4%) reported they had had their cholesterol checked (Figure 13), with 80.6% of those reporting it was measured within the past year. Although many of those tested were not told their cholesterol level and even more (70%) could not say what it was, 19.8% had been told their level was high and 15.6% had been advised to reduce cholesterol levels. For the majority (69.8%) of these, a low fat or low cholesterol diet was recommended while medication was prescribed for 15.8%. In all, 4.8% of total respondents were considered at risk for high cholesterol, another 5.1% were borderline-high, 6.3% were not at risk and the remainder were unknown (Figure 14).

CHOLESTEROL

CONNECTICUT 1988

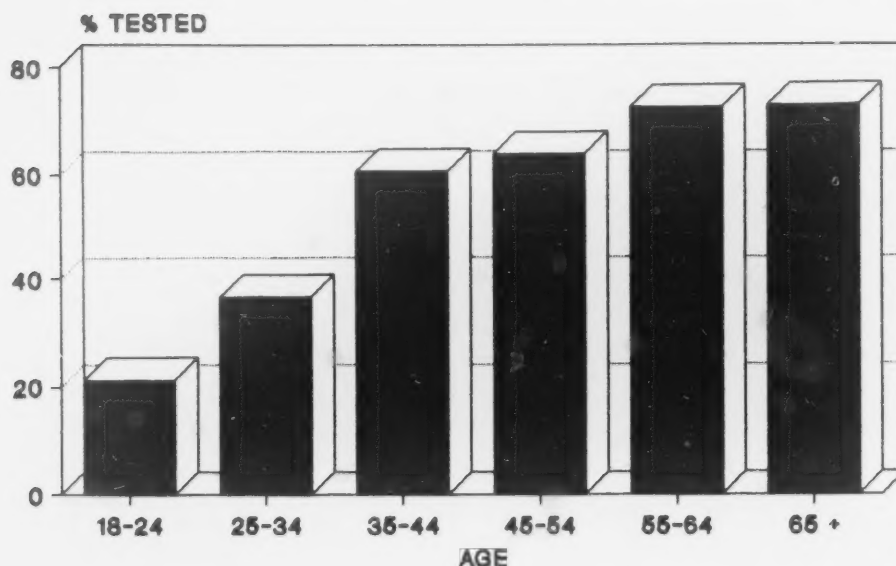


Figure 13

CHOLESTEROL LEVELS

CONNECTICUT 1988

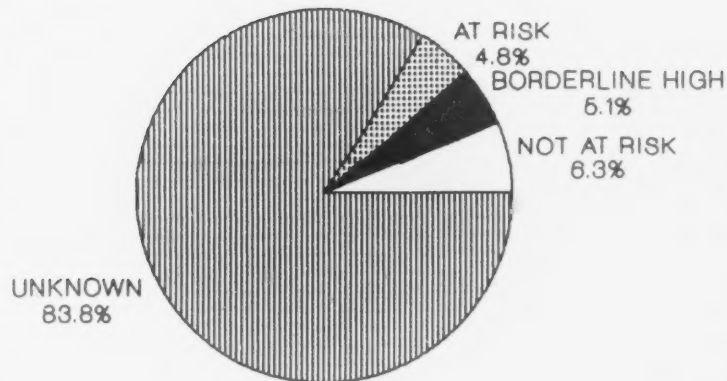


Figure 14

F. Tobacco Use

Cigarette smoking is the major preventable cause of death and disability in the U.S. Smoking has been shown to increase the risk of death due to heart disease, lung and other cancers, and chronic obstructive pulmonary diseases (COPD) such as emphysema and chronic bronchitis (12). It has been estimated that as many as 350,000 Americans (13) including over 4,000 in Connecticut die each year due to smoking-related causes (14). In addition, smoking during pregnancy is associated with low birth weight babies and other adverse conditions which contribute to increased infant mortality.

Smoking status was determined in the BRFSS by the following questions: "Have you smoked at least 100 cigarettes in your life?" and, if so, "Do you still smoke?" Based on answers to these questions, respondents were classified as current smokers, former smokers, or those who never smoked. A summary of smoking status (Figure 15) shows that 26.7% of Connecticut adults were current smokers, 29.9% were former smokers, and 43.1% had never smoked. Over half (52%) of those who have smoked 100 cigarettes have quit smoking.

The smoking prevalence rates by age are shown in Figure 16 and indicate that the highest prevalence of smoking was in the 18-24 year old age group while the lowest prevalence was for those 65 and over. Although the overall smoking prevalence was essentially unchanged from 1985, the three youngest age groups all showed an increase in smoking prevalence while the prevalence in the three oldest groups declined since the earlier survey. Respondents with a post graduate education had the lowest smoking prevalence while those with a high school diploma were most likely to be smokers (Figure 17).

Of the current smokers, 43.8% reported that they stopped smoking for a week or more sometime during the past year. Males were somewhat more likely to report quit attempts than women (47.9% vs. 39.8%). The majority of current smokers (72.8%) reported smoking one or fewer packs a day while 2.6% smoked more than two packs per day.

CATEGORY OF SMOKER

CONNECTICUT 1988

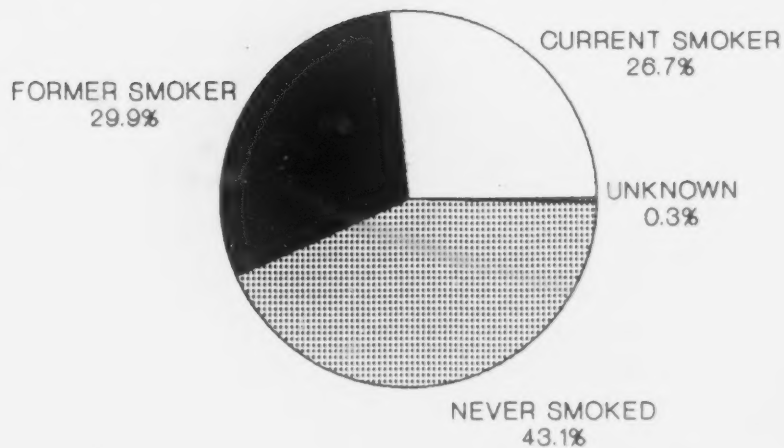


Figure 15

SMOKING

CONNECTICUT 1988

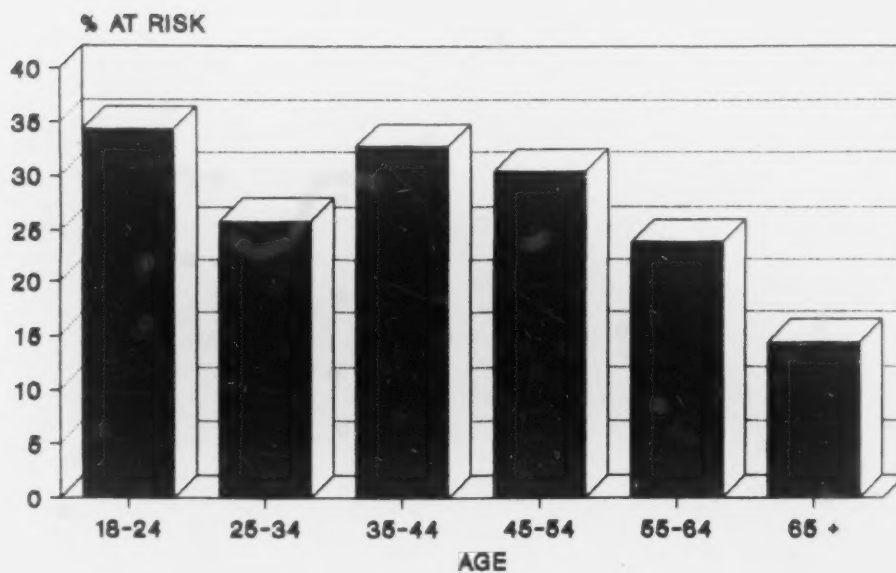


Figure 16

SMOKING

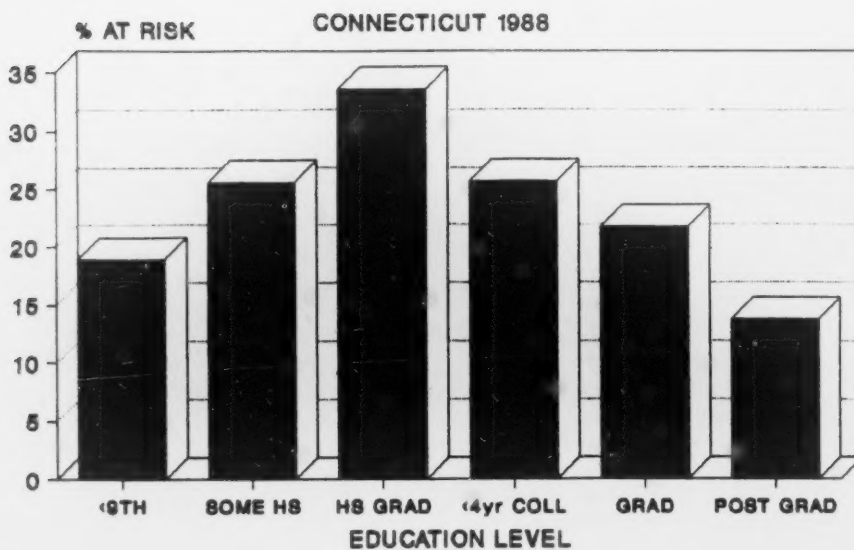


Figure 17

Smokeless Tobacco

Smokeless tobacco use was included in the 1988 BRFSS questionnaire. Studies have shown that smokeless tobacco use can cause gum disease, mouth sores, and cancer of the cheeks, gums, and throat. The frequency of current smokeless tobacco use in Connecticut was 1.7% for males and 0.1% for females or 0.9% overall. Because of the small number of respondents in this category, these results should be interpreted with caution.

Although current use was low, former smokeless tobacco use was 24.8% among men in the 18-24 year old age group and was over 10% for men 25-44 (Figure 18).

FORMER SMOKELESS TOBACCO USE MALES

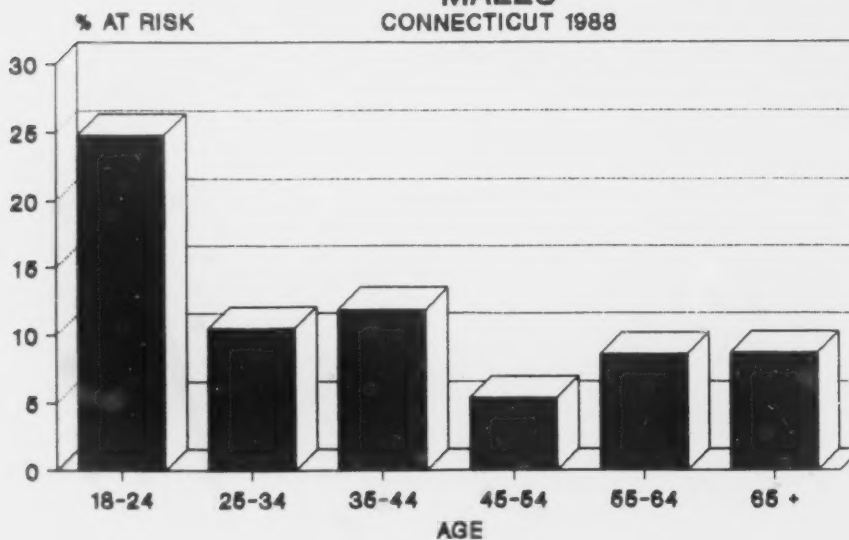


Figure 18

G. Alcohol Use

Alcohol abuse or dependence has been linked to a variety of diseases including heart disease, certain cancers (liver, esophagus, and mouth), hepatitis, gastrointestinal disorders, and mental illness (15). In addition, cirrhosis of the liver, which was the 10th leading cause of death in Connecticut in 1988, is largely attributable to alcohol use. Alcohol consumption by pregnant women can adversely affect their unborn children. Moreover, alcohol is estimated to be a factor in half of all motor vehicle fatalities. The estimated cost of alcohol abuse to Connecticut is \$1.6 billion per year which includes \$900 million in lost productivity and \$250 million in mortality (16). Costs related to alcohol also include lost productivity at home, motor vehicle accidents, costs from other unintentional injuries, and violent crime (17).

The 1988 BRFSS survey included several questions on consumption of alcoholic beverages in order to determine 3 different classifications of alcohol related risk: chronic drinking, acute or binge drinking, and drinking and driving. Over 69% of respondents reported some drinking in the previous month; consumption per month by these 69% is shown in Figure 19. Nine percent (9.0%) of the total population consumed 60 or more drinks per month and were considered chronic or heavier drinkers. Chronic drinking varied by age group (Figure 20) with younger respondents and those 55-64 reporting heavier drinking.

Respondents who drank five or more drinks on a least one occasion during the previous month were classified as acute drinkers. Prevalence of acute drinking, which decreased dramatically with age, (Figure 21) was 17.3% overall. The self-reported frequency of driving after perhaps having too much to drink was 3.8%. In every alcohol risk classification, males were significantly more likely to be at risk than females (Figure 22). Chronic drinking was significantly more prevalent in white males than non-white males, and in whites of both sexes compared with non-whites.

DRINKS/MONTH FOR THOSE WHO DRINK

CONNECTICUT 1988

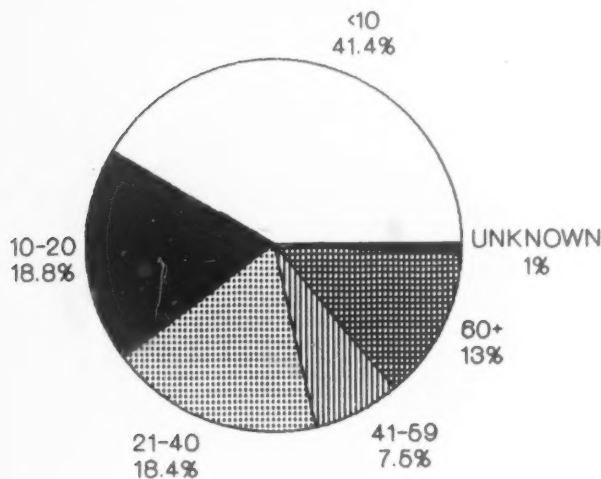


Figure 19

CHRONIC DRINKING

CONNECTICUT 1988

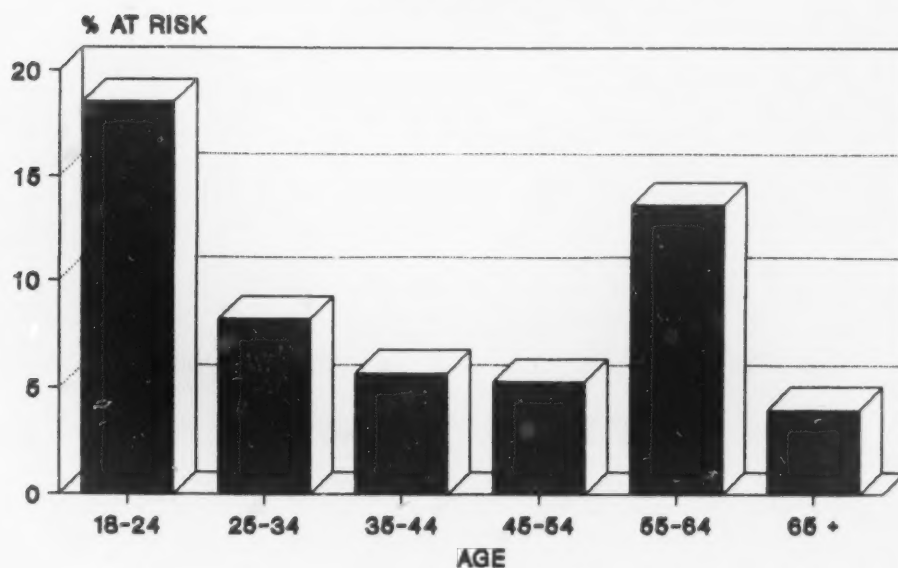


Figure 20

ACUTE DRINKING

CONNECTICUT 1988

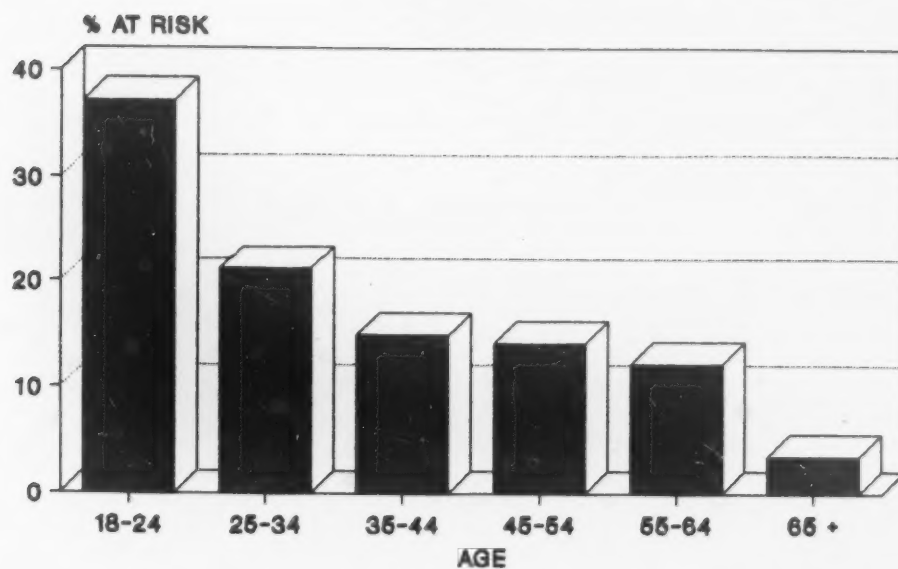


Figure 21

DRINKING

CONNECTICUT 1988

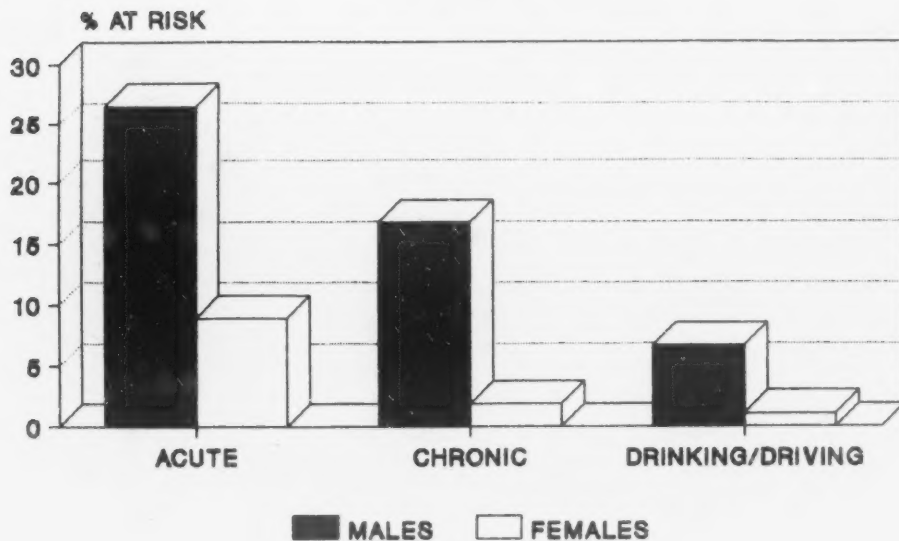


Figure 22

H. AIDS

Acquired Immunodeficiency Syndrome (AIDS) was included in the 1988 questionnaire since it has become a serious public health problem and behavior modification is key to its prevention and control. AIDS was the 13th leading cause of death in Connecticut in 1988, accounting for 215 deaths. Connecticut ranks 15th in the U.S. in the cumulative total of AIDS cases, with 1416 cases reported in the state between January 1980 and November 1989. For the most recent 12 month period (Dec. 1988-Nov. 1989), Connecticut ranked 10th in annual incidence with 13.6 AIDS cases per 100,000 population. In this state, 18% of the cases have been in adult females and 3.4% have been pediatric cases.

The survey questions primarily assessed self-reported knowledge and beliefs and did not directly address risk factors for the disease. All respondents were asked how much they knew about AIDS; only 4% of respondents reported they knew nothing about it (Figure 23). The demographic groups with the highest rates of self-reported lack of knowledge were those with less than a 9th grade education (25%) (Figure 24), Blacks (13%), Hispanics (10%), and those 65 and older (10.5%). The vast majority of respondents (91.4%) considered their chances of getting AIDS were "low" or "none" (Figure 25), however for Blacks and Hispanics these figures were 86.2% and 75.5% respectively with 8.7% and 17.8% unknowns/refused. Overall only 4.5% considered themselves at medium or high risk of AIDS, while in the 18-24 year old group this figure was 10.6% and over half in this age group reported that concern over the disease had changed their lives (Figure 26). For all ages, concern about AIDS was more likely to have changed the lives of Blacks (45.8%) and Hispanics (63%) than whites (22.7%).

Although none of the questions directly tested knowledge of AIDS, some data may be affected by reported and/or unreported lack of knowledge. Nearly 12% of respondents reported they had had their blood tested for AIDS (Figure 27), with 58.8% of these reporting the testing was done other than when they donated blood. Of those respondents reporting the test was other than when they donated blood, 86% indicated they had a low or no chance of getting the disease. Twenty percent of all those indicating the testing was some time other than during blood donation also said they knew little or nothing about AIDS. Eighteen percent of the few (0.9%) who indicated they were at high risk of getting AIDS also reported they knew little or nothing about it. Most (86.2%) of those reporting they personally knew someone with AIDS said they knew at least "some" about AIDS, however.

AMOUNT OF AIDS KNOWLEDGE

CONNECTICUT 1988

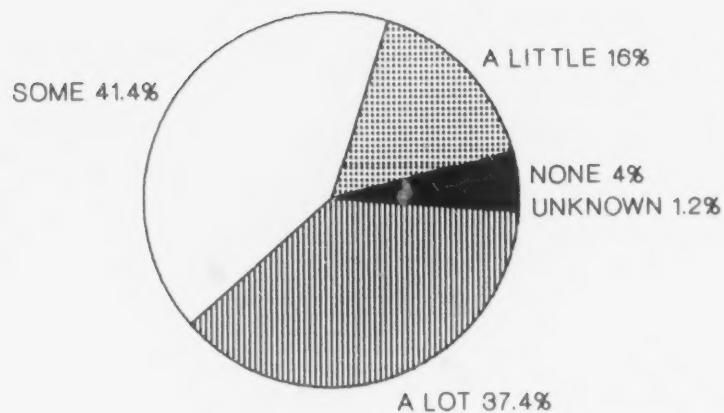


Figure 23

SELF-REPORTED AIDS KNOWLEDGE

RESPONSE CATEGORY-"NOTHING"

CONNECTICUT 1988

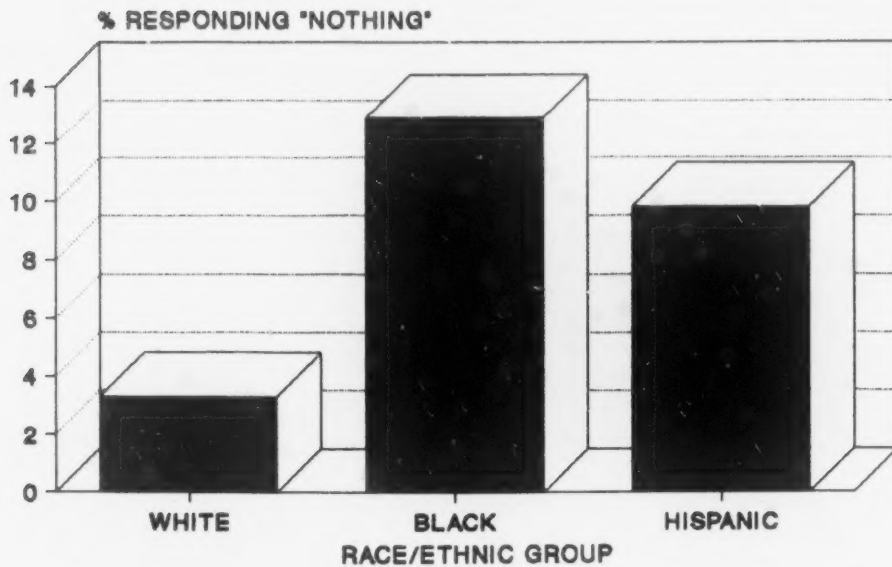


Figure 24

CHANCE OF GETTING AIDS

CONNECTICUT 1988

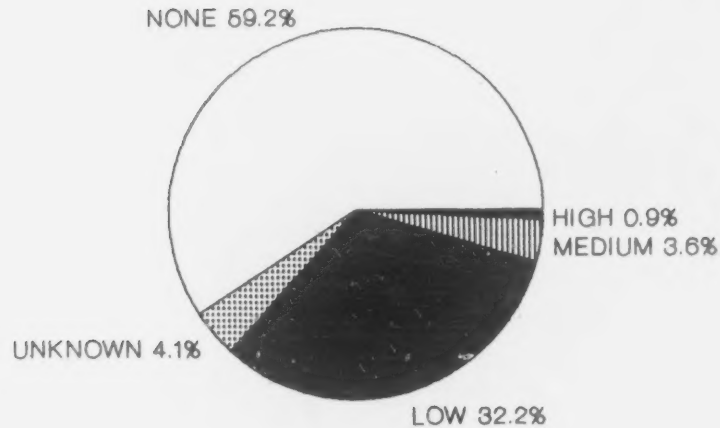


Figure 25

CONCERN ABOUT AIDS HAD CHANGED LIFE

CONNECTICUT 1988

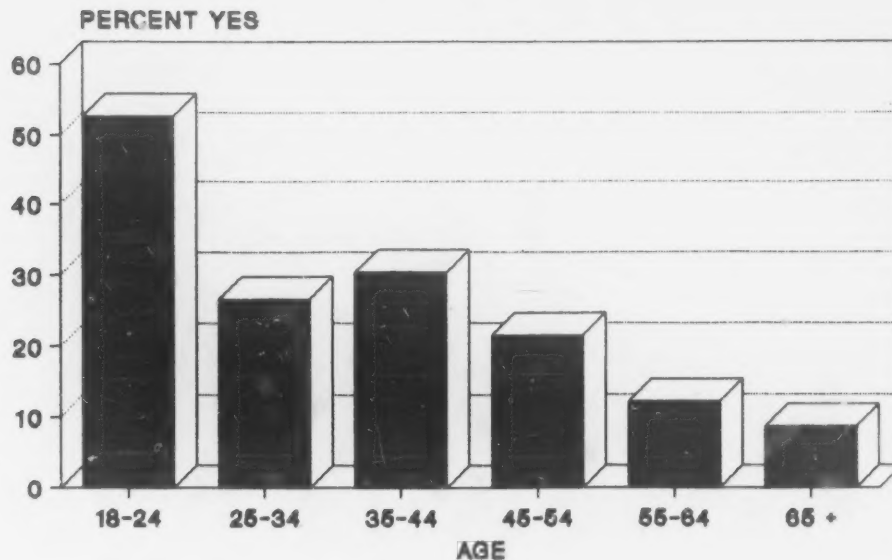


Figure 26

BLOOD TESTED FOR AIDS

CONNECTICUT 1988

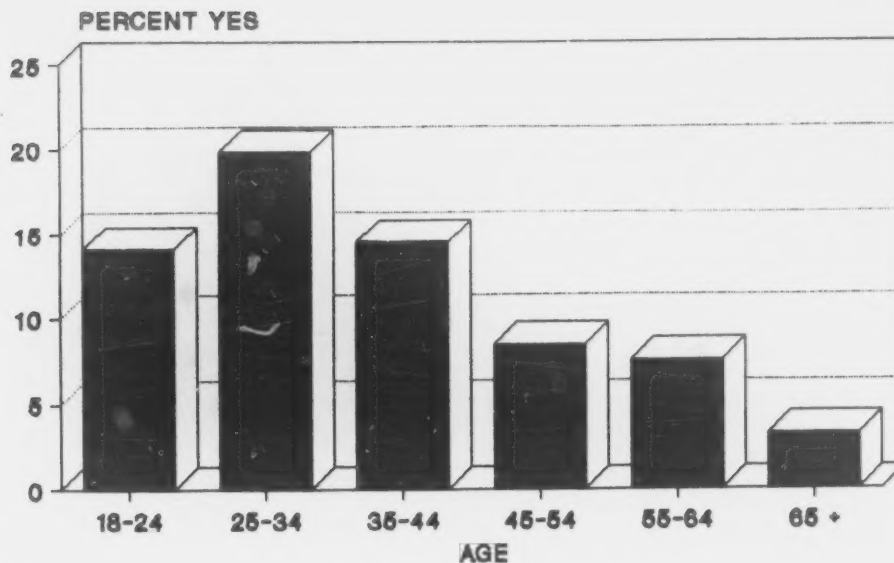


Figure 27

I. Multiple Risk Factors

Data from the BRFSS were analyzed to determine the extent to which respondents reported more than one risk factor. In some cases when more than one risk factor is present, there may be synergism; the combination of risk factors may be more of a risk than the sum of the separate factors. The risk factors used for determining multiple risk were:

1. seatbelt non-use
2. current hypertension
3. obesity
4. smoking
5. acute drinking
6. chronic drinking
7. drinking and driving
8. sedentary lifestyle
9. high cholesterol level (at risk)
10. diabetes

The presence of multiple risk factors, particularly if the risk factors often appear together or have synergistic effects, suggests that multiple risk factor intervention programs should be considered by health planners.

Table V shows the weighted frequencies of the Connecticut population with various numbers of risk factors for 1988. Only 15.2% of the population reported no risk factors indicating that 85% had at least one risk factor. Over one-half (55.4%) of Connecticut adults reported *more* than one risk factor.

Table V
Multiple Risk Factors
Connecticut 1988

NUMBER OF RISK FACTORS	WEIGHTED FREQUENCY	PERCENT
0	369,675	15.2
1	717,543	29.4
2	642,492	26.4
3	404,510	16.6
4	173,736	7.1
5	110,729	4.5
6	18,493	0.8
7	1,046	0.0
TOTAL	2,438,229	100.0

Risk factors included: seatbelt non-use, current hypertensives, sedentary lifestyle, obesity (from tables), cigarette smoking, acute drinking, chronic drinking, drinking and driving, at risk for cholesterol, and diabetes.

A pairwise comparison of risk factors was done to determine which risk factors were likely to be associated. Table VI compares the prevalence of the other nine risk factors between those at risk for a risk factor with those not at risk for that factor. For example, 16.2% of those not at risk for seatbelt use were current hypertensives, compared with 19.2% of those who were at risk for seatbelt use. Associations between pairs of risk factors that were found to be significant by Chi-square analysis are shaded in the table. For example, hypertension and diabetes were significantly associated; 45.5% of those with diabetes had high blood pressure risk compared with only 15.4% of those without diabetes. Those identified as current hypertensives were four times as likely to have diabetes (12.8%) as those not hypertensive (3.1%) Every risk factor was related to one or more other risk factors, according to these data.

Table VI
COMPARISON OF RISK FACTORS

TOTAL % AT RISK	SBT	HBP	OBY	SED	SMK	CHR	ACU	DDR	CHL	DIA
Seatbelt: (SBT) not at risk at risk		16.2 19.2	23.3 26.3	54.6 67.4	23.1 40.3	6.4 9.3	13.5 21.8	3.0 3.8	4.4 5.5	4.7 4.8
Hypertensive: (HBP) not at risk at risk	24.1 28.1		19.6 45.7	55.5 69.7	27.7 25.1	7.2 6.1	16.0 13.0	3.3 2.6	4.0 7.1	3.1 12.8
Obesity: (OBY) not at risk at risk	24.4 27.5	11.9 31.7		56.6 61.5	27.5 27.8	7.1 8.0	16.4 13.7	3.4 2.9	4.6 4.7	3.0 9.5
Sedentary Life: (SED) not at risk at risk	19.4 29.1	12.1 20.2	21.9 25.6		22.5 30.9	7.5 6.7	15.2 15.7	3.7 2.8	5.5 4.0	2.2 6.5
Smoking: (SMK) not at risk at risk	20.5 36.8	17.3 15.5	24.0 24.3	55.1 65.4		5.8 11.3	11.9 25.2	2.7 4.1	5.8 1.6	5.0 4.1
Chronic: (CHR) not at risk at risk	24.4 32.5	17.0 14.8	23.9 26.5	58.2 54.9	26.1 43.4		10.8 79.0	2.1 16.9	4.6 4.8	5.0 2.4
Acute: (ACU) not at risk at risk	23.2 35.0	17.4 14.0	24.5 20.8	57.8 58.7	24.1 44.1	1.7 35.6		0.6 16.9	5.0 2.8	5.3 1.7
Drink & Drive: (DDR) not at risk at risk	24.8 29.7	16.9 13.5	24.2 21.6	58.1 51.4	27.1 36.1	6.1 37.8	13.2 63.3		4.8 0	4.9 0
Cholesterol: (CHL) not at risk at risk	24.8 29.6	16.4 26.4	24.1 24.5	58.3 50.0	28.2 9.3	7.1 7.4	15.8 3	3.3 0		4.8 3.7
Diabetes: (DIA) not at risk at risk	25.5 25.0	15.4 45.5	22.9 50.0	56.9 80.0	27.5 23.6	7.3 3.6	16.1 5.5	3.3 0	4.7 3.6	

J. Summary of Results

Results of the Connecticut Behavioral Risk Factor Surveillance Survey for 1988 indicate that a large number of Connecticut adults were engaging in risky behaviors (Table VII). According to the self-reported data, one quarter of all residents 18 years of age or older did not use seat belts and one half did not exercise regularly. Over one-fourth of adults in Connecticut currently smoked cigarettes, although four in ten smokers reported that they quit smoking for one week or more in the past year. In addition, more than half of adults in the state who have ever smoked have quit and don't currently smoke. One of every six respondents reported consuming five or more alcoholic drinks on one or more occasions in the past month while 9% drank 60 or more drinks per month and 3.8% reported driving after perhaps having too much to drink. In all three areas of alcohol use, risk prevalences were much higher for men than for women. About one in five respondents were classified as obese based on self-reported height and weight data while 40% reported they were trying to lose weight. Over one fifth of Connecticut adults had been told at least once that their blood pressure was high, while one in six were classified as current hypertensives. Over half of all Connecticut adults were at risk in more than one area; only 15% did not report any risk factors.

Figure 28 shows the risk prevalence for Connecticut residents compared with the median risk prevalence for each risk factor for all 37 states and the District of Columbia. Connecticut compares quite favorably except in the areas of tobacco and alcohol use. Quantifiable objectives have been established for several of these risk factors with a goal of achievement by 1990 (19). The prevalences reported here indicate that Connecticut has not reached the 1990 objectives in several areas. For example, by 1990 the prevalence of obesity should be reduced to 10% for men and 17% for women. By 1990, less than 25% of adults should be smoking; Connecticut is close to that goal at 26.7%. Only 8.5% of Connecticut adults 18 and over have met the 1990 objective for exercise, while 11.8% of those 65 and older have. By 1990, the proportion of adults 18-64 who participate in regular vigorous exercise should be greater than 60% and 50% of adults over 65 should be engaging in appropriate physical activity such as walking or swimming. By 1990 the proportion of problem drinkers should be 8% or less. The prevalence of acute and chronic drinking for Connecticut adults in 1988 were 17.3% and 9.0% respectively.

Table VII

*Number of CT Residents at Risk
By Specific Risk Factor - 1988*

Factor	Prevalence	Population at Risk
1. Sedentary Lifestyle	57.6%	1,404,290
2. Smoking	26.7%	651,020
3. Lack of Seatbelt Use	25.2%	614,658
4. Obesity	23.3%	568,750
5. Acute Drinking	17.3%	421,619
6. Hypertension	15.8%	385,625
7. Chronic Drinking	0.9%	218,936
8. Cholesterol Risk	4.8%	117,021
9. Diabetes	4.5%	109,316
10. Drinking & Driving	3.8%	91,710

RISK FACTOR SUMMARY

CONNECTICUT/OTHER STATES 1988

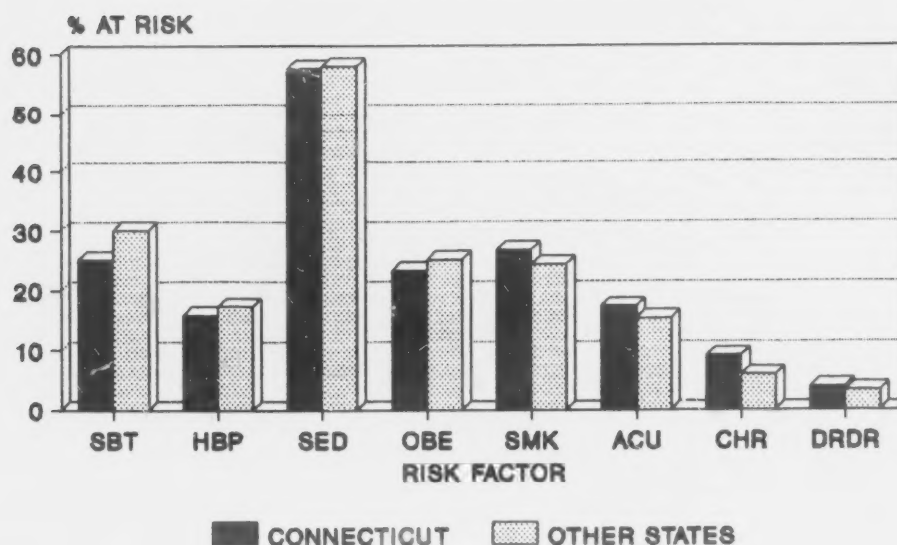


Figure 28

IV. Future Plans

The Behavioral Risk Factor Surveillance Survey will be repeated in Connecticut in 1989, 1990, and beyond. The number of interviews per month will increase to 114 per month in 1989 and 150 per month in 1990. While the core questions on seat belt use, hypertension, exercise, smoking, alcohol use, and weight and diet will remain, optional questions will be added each year to assist in monitoring additional behavioral risks. Mammography, cervical cancer screening, breast self-examination, weight control practices, AIDS knowledge, and smoke detector use were added to the 1989 questionnaire. A demographic question "What town do you live in?" has been added to aid in determining regional variation in risk prevalence or variations between selected urban and rural centers and other areas of the state.

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APPENDIX A

Summary of Results - Percent at Risk for Selected Groups

Group	N	Seatbelt Non-use(%)	Hypertension(%)
All Adults	1168	25.2	15.8
Sex			
Male	485	30.6	14.6
Female	683	20.4	17.0
Race			
White	1038	24.8	15.6
Black	67	29.4	21.4
Hispanic	40	32.9	12.4
Other	14	17.1	0
Age			
18-24	112	40.1	1.7
25-34	289	26.0	4.5
35-44	252	17.8	10.9
45-54	153	24.1	17.4
55-64	142	26.9	30.3
65 +	220	18.1	34.9
Marital Status			
Married	650	18.7	15.9
Divorced	127	37.0	16.2
Widowed	128	24.5	39.8
Separated	29	34.8	24.6
Never Married	215	38.9	6.2
Unmarried couple	18	21.4	10.6
Education Level			
<9th grade	55	29.7	31.8
Some high school	127	30.7	22.5
High school graduate	380	30.6	14.9
Some technical school	35	37.8	9.5
Technical school grad	32	31.0	14.6
Some college	214	22.9	13.5
College graduate	205	14.4	13.0
Post graduate	116	14.1	14.6
Employment Status			
Employed	647	27.4	12.3
Self-employed	104	33.6	8.3
Unemployed > 1yr	22	19.2	15.4
Unemployed < 1yr	37	38.7	6.1
Homemaker	99	11.6	18.5
Student	30	28.9	1.1
Retired	227	18.5	33.6
Income Level			
<\$10,000	97	36.5	22.0
\$10-15,000	76	24.6	27.5
\$15-20,000	91	22.9	26.6
\$20-25,000	118	33.8	12.7
\$25-35,000	181	27.1	10.9
\$35-50,000	196	22.5	13.2
Over \$50,000	91	19.9	21.7
*Unk/refused	318	22.7	12.6

Seatbelt non-use: Those reporting who sometimes, seldom, or never use seatbelts Hypertension: Those told more than once blood pressure is high, or who are on medication, or report BP is still high

*Unknown/refused: not included except for income category

Summary of Results - Percent at Risk for Selected Groups

Group	N	Overweight > 120 median(%)	BMI(%)
All Adults	1168	23.3	19.7
Sex			
Male	485	23.6	19.5
Female	683	23.1	19.8
Race			
White	1038	22.9	18.9
Black	67	28.0	28.0
Hispanic	40	31.2	31.2
other	14	16.1	6.4
Age			
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25-34	289	20.6	17.4
35-44	252	23.3	19.7
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Separated	29	26.6	26.6
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Unmarried couple	18	20.6	18.4
Education Level			
< 9th grade	55	41.1	34.5
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High school graduate	380	27.1	23.2
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Technical school grad	32	17.5	16.2
Some college	214	19.5	15.3
College graduate	205	19.9	15.9
Post graduate	116	14.4	12.0
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Unemployed > 1yr	22	49.6	39.4
Unemployed < 1yr	37	28.4	23.3
Homemaker	99	23.7	22.1
Student	30	1.1	1.1
Retired	227	30.0	26.3
Income Level			
< \$10,000	97	38.4	35.9
\$10-15,000	76	33.1	29.4
\$15-20,000	91	32.4	28.3
\$20-25,000	118	21.3	14.8
\$25-35,000	181	18.3	14.2
\$35-50,000	196	29.9	24.8
Over \$50,000	91	27.2	25.5
*Unk/refused	318	14.1	11.6

Over 120% median: Ideal wt. from 1959 Metropolitan Height-Weight tables

Body Mass Index(BMI): Wt (kg)/Ht²(m) For females > 27.3, males > 27.8

*Unknown/refused: Not included except for income category

Connecticut Department of Health Services

Summary of Results - Percent at Risk for Selected Groups

Group	N	Physical Inactivity(%)	Smoking(%)
All Adults	1168	57.6	26.7
Sex			
Male	485	56.5	27.8
Female	683	58.6	25.7
Race			
White	1038	57.1	27.0
Black	67	64.3	23.0
Hispanic	40	58.2	21.6
Other	14	52.2	21.7
Age			
18-24	112	54.8	34.4
25-34	289	50.0	25.8
35-44	252	50.4	32.7
45-54	153	61.2	30.3
55-64	142	63.8	23.8
65 +	220	69.3	14.3
Marital Status			
Married	650	55.5	23.1
Divorced	127	62.5	45.3
Widowed	128	79.6	20.3
Separated	29	74.5	43.0
Never Married	215	53.6	29.7
Unmarried couple	18	41.2	44.1
Education Level			
< 9th grade	55	82.2	18.9
Some high school	127	66.3	25.6
High school graduate	380	61.7	33.6
Some technical school	35	59.6	40.4
Technical school grad	32	51.6	29.1
Some college	214	54.0	25.7
College graduate	205	50.1	21.6
Post graduate	116	40.3	13.7
Employment Status			
Employed	647	56.0	30.5
Self-employed	104	55.7	26.7
Unemployed > 1yr	22	66.9	44.3
Unemployed < 1yr	37	57.1	43.1
Homemaker	99	58.4	27.0
Student	30	43.2	4.6
Retired	227	65.7	15.9
Income Level			
< \$10,000	97	73.6	22.7
\$10-15,000	76	76.1	28.7
\$15-20,000	91	68.4	25.6
\$20-25,000	118	61.9	30.4
\$25-35,000	181	57.1	35.0
\$35-50,000	196	51.7	30.0
Over \$50,000	91	60.5	19.0
*Unk/refused	318	48.7	22.2

Physical inactivity: Sedentary or irregular activity

Smoking: Current regular smoker (smoked 100 cigarettes and smoke now)

*Unknown/refused: Not included except for income category

Connecticut Department of Health Services

Summary of Results - Percent at Risk for Selected Groups

Group	N	Acute(%)	Chronic(%)	Drinking and Driving(%)
All Adults	1168	17.3	9.0	3.8
Sex				
Male	485	26.6	16.8	6.7
Female	683	8.9	1.9	1.1
Race				
White	1038	17.2	9.7	3.8
Black	67	8.5	1.8	0.8
Hispanic	40	25.1	6.4	10.0
Other	14	41.9	0	0
Age				
18-24	112	37.2	18.5	9.8
25-34	289	21.2	8.2	5.7
35-44	252	14.9	5.7	1.8
45-54	153	14.1	5.3	2.2
55-64	142	12.2	13.7	1.0
65 +	220	3.5	4.0	1.4
Marital Status				
Married	650	11.9	7.0	1.9
Divorced	127	17.7	6.9	3.4
Widowed	128	6.8	3.8	0
Separated	29	14.3	4.5	0
Never Married	215	36.6	17.9	9.8
Unmarried couple	18	15.7	4.7	15.6
Education Level				
< 9th grade	55	7.1	5.1	0
Some high school	127	20.8	8.5	0
High school graduate	380	16.8	8.0	3.4
Some technical school	35	30.1	12.2	3.9
Technical school grad	32	20.8	14.0	0
Some college	214	22.0	13.8	7.3
College graduate	205	10.0	4.4	3.9
Post graduate	116	17.5	11.3	5.9
Employment Status				
Employed	647	21.0	9.4	5.5
Self-employed	104	22.3	13.5	1.6
Unemployed > 1yr	22	12.6	2.3	0
Unemployed < 1yr	37	20.9	13.6	0
Homemaker	99	3.8	0	0
Student	30	37.5	27.1	12.4
Retired	227	5.1	5.5	0
Income Level				
< \$10,000	97	12.4	11.0	1.3
\$10-15,000	76	13.5	6.6	0
\$15-20,000	91	17.5	7.8	2.0
\$20-25,000	118	15.4	3.7	4.3
\$25-35,000	181	14.5	8.7	4.8
\$35-50,000	196	21.1	10.4	4.7
Over \$50,000	91	15.5	12.5	4.5
*Unk/refused	318	19.8	9.2	4.1

Acute: 5 or more drinks on an occasion in past month

Chronic: 60 more drinks per month average

Drinking/Driving: One more times in past month

*Unknown/refused: Not included except for income category

Connecticut Department of Health Services

APPENDIX B

BEHAVIORAL RISK FACTOR PREVALENCES (%) IN 36 STATES AND THE DISTRICT OF COLUMBIA UNITED STATES, 1988

STATE	OBESITY % (Rank)	SEDENTARY LIFESTYLE % (Rank)	CURRENT HYPERTENSION % (Rank)	CURRENT SMOKING % (Rank)	SMOKELESS TOBACCO % (Rank)	SEATBELT NONUSE % (Rank)	BINCE DRINKING % (Rank)	HEAVIER DRINKING % (Rank)	DRINKING AND DRIVING % (Rank)
Alabama	26.2(13)	57.8(19)	19.7 (3)	26.2(11)	6.8 (3)	47.8(10)	10.7(28)	4.2(32)	1.6(32)
Arizona	22.4(31)	53.0(28)	16.2(25)	23.5(26)	3.0(20)	35.8(13)	16.6(16)	6.4(15)	2.9(23)
California	25.1(20)	48.8(34)	15.2(32)	22.2(30)	1.3(28)	18.4(33)	15.8(18)	8.4 (6)	3.9(10)
Connecticut	23.3(26)	57.6(21)	15.8(27)	26.7 (7)	0.9(31)	25.2(23)	17.3(12)	9.0 (3)	3.8(12)
District of Columbia	26.3(12)	66.7 (4)	17.3(19)	20.1(35)	0.6(34)	20.8(30)	7.1(37)	5.8(19)	2.2(29)
Florida	25.8(16)	52.6(30)	19.5 (6)	23.9(23)	2.5(23)	21.5(29)	13.6(24)	8.5 (5)	2.5(28)
Georgia	22.3(32)	61.7(11)	14.5(35)	25.1(16)	3.0(19)	33.9(14)	16.5(17)	6.5(13)	3.1(20)
Hawaii	19.7(35)	53.3(27)	15.3(29)	23.7(25)	0.8(32)	6.5(37)	19.6 (6)	9.4 (2)	3.6(14)
Idaho	22.8(27)	51.0(32)	15.7(28)	20.1(34)	3.8(14)	37.5(12)	14.0(23)	4.3(31)	3.2(18)
Illinois	26.6(10)	57.8(20)	18.7(13)	26.8 (5)	1.7(26)	32.5(18)	18.0(10)	5.7(21)	2.9(24)
Indiana	29.2 (2)	60.2(13)	20.5 (2)	27.3 (4)	3.6(15)	30.1(19)	15.3(19)	5.1(27)	3.5(16)
Iowa	23.5(24)	58.3(18)	15.1(34)	22.3(29)	2.9(21)	23.7(26)	15.3(20)	5.2(24)	3.2(19)
Kentucky	26.7 (8)	67.1 (3)	18.9(11)	34.2 (1)	6.1 (4)	52.5 (4)	8.3(34)	3.6(35)	1.4(37)
Maine	26.4(11)	58.6(17)	15.8(26)	26.4 (9)	1.6(27)	49.2 (8)	14.7(22)	6.9(10)	2.9(25)
Maryland	22.0(34)	64.4 (8)	19.1(10)	25.1(17)	0.1(37)	18.9(32)	8.9(33)	3.8(34)	1.5(34)
Massachusetts	26.0(14)	52.9(29)	16.5(24)	26.4 (8)	0.2(36)	49.6 (7)	23.3 (3)	7.5 (7)	4.6 (7)
Michigan	28.3 (4)	53.5(26)	16.9(21)	22.5(28)	3.4(16)	22.4(28)	22.6 (4)	6.7(11)	5.9 (5)
Minnesota	25.2(18)	59.0(16)	19.6 (4)	26.0(14)	2.6(22)	24.9(24)	15.2(21)	6.5(12)	2.7(26)
Missouri	26.7 (9)	46.7(35)	11.9(37)	19.9(36)	7.9 (2)	30.1(20)	24.8 (2)	6.4(14)	8.9 (1)
Montana	17.3(37)	60.5(12)	18.3(17)	20.9(33)	4.4(10)	51.3 (6)	17.0(13)	6.0(17)	4.3 (8)
Nebraska	26.9 (7)	55.4(25)	19.2 (9)	28.0 (3)	0.9(30)	52.4 (5)	17.6(11)	10.8 (1)	3.5(15)
New Hampshire	23.3(25)	51.8(31)	14.4(36)	24.0(21)	4.3(11)	20.2(31)	13.4(26)	5.7(22)	3.0(22)
New Mexico	18.8(36)	73.6 (1)	16.7(22)	23.9(22)	0.6(33)	24.1(25)	13.5(25)	5.1(25)	1.8(31)
New York	25.1(21)	63.7 (9)	16.7(23)	26.2(13)	5.4 (5)	13.1(36)	11.9(27)	5.1(26)	3.1(21)
North Carolina	24.7(22)	57.5(22)	15.1(33)	22.1(31)	3.9(13)	60.5 (2)	21.7 (5)	3.3(37)	5.9 (4)
North Dakota	28.2 (5)	63.1(10)	17.4(18)	26.2(12)	3.2(18)	27.8(21)	17.0(14)	6.3(16)	3.6(13)
Ohio	25.9(15)	59.7(14)	18.8(12)	24.2(20)	5.1 (6)	33.6(15)	10.4(29)	5.4(23)	2.6(27)
Oklahoma	22.5(28)	64.8 (7)	15.3(31)	24.3(19)	0.5(35)	47.0(11)	8.2(35)	5.8(20)	2.6(27)
Rhode Island	22.4(29)	65.4 (6)	18.6(14)	25.6(15)	4.7 (8)	47.0(11)	9.8(30)	4.3(29)	1.4(35)
South Carolina	25.8(17)	56.8(23)	16.9(20)	21.1(32)	4.9 (7)	67.4 (1)	19.3 (7)	4.1(33)	6.0 (3)
South Dakota	27.6 (6)	67.3 (2)	19.5 (5)	29.8 (2)	4.5 (9)	32.5(17)	9.0(32)	4.7(28)	2.2(30)
Tennessee	25.1(19)	59.7(15)	15.3(30)	23.7(24)	4.1(12)	15.4(35)	16.9(15)	7.0 (9)	3.9(11)
Texas	22.3(33)	50.3(33)	14.7(37)	1.0(29)	1.0(29)	33.3(16)	7.3(36)	3.4(36)	1.5(33)
Utah	22.4(30)	45.3(36)	18.3(16)	2.2(25)	2.2(25)	16.0(34)	18.3 (9)	5.9(18)	4.0 (9)
Washington	23.9(23)	66.0 (5)	19.2 (8)	26.7 (6)	9.1 (3)	56.1 (3)	9.1(31)	4.3(30)	1.4(36)
West Virginia	29.0 (3)	55.4(24)	22.2 (1)	23.1(27)	2.3(24)	23.4(27)	25.3 (1)	8.6 (4)	6.2 (2)
Wisconsin	34.3 (1)								

*Data not available. Disease Control. Behavioral Risk-Factor Surveillance - selected states; 1988. Unpublished data. (0726S)

1988 Behavioral Risk Factor Questionnaire

APPENDIX C

FIPS STATE CODE 0 9 (1-2)	STRATUM CODE 1 (3)	PSU NUMBER _____ (4-8)	RECORD NUMBER _____ (9)	DATE OF INTERVIEW MM DD YY _____ (10-15)	ID _____ (16-17)
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HELLO. I'm _____ calling for the _____.
We're doing a study of the health practices of _____ residents. Your number has been chosen randomly by the _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this _____
Area Code (18-20) Prefix (21-23) Suffix (24-25)

No Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. STOP

Is this a private residence?

No Thank you very much, but we are only interviewing in private residences. STOP

	Calling Period	Date/Time	ID #
1	○ ○ ○ ○	_____	_____
2	○ ○ ○ ○	_____	_____
3	○ ○ ○ ○	_____	_____
4	○ ○ ○ ○	_____	_____
5	○ ○ ○ ○	_____	_____

○ Line busy
● No answer

○ Made appointment
○ Refused first time

Spoke with:
Correct respondent is:
Call-back date & time
or Refusal date & time:
Additional information:
My ID# _____

Call Disposition Codes

- 01 - Completed interview
- 02 - Refused interview
- 03 - Non-working number
- 04 - No answer (multiple times)
- 05 - Business phone
- 06 - No eligible respondent at this number
- 07 - No eligible respondent could be reached during time period
- 08 - Language barrier prevented completion of interview
- 09 - Interview terminated within questionnaire
- 10 - Line busy (multiple tries)
- 11 - Selected respondent unable to respond because of physical or mental impairment

Edited by: _____

Date: ____/____/____

Final Disposition
of Telephone Call: _____

(26-27)

Our study requires that we interview only one person who lives in your household. How many members of your household, including yourself, are 18 years of age or older?

(28)

If "1"

page 3

How many are men and how many are women?

Men

(29)

Women

(30)

Who is the oldest man who presently lives in this household?

Who is the next oldest man who presently lives in this household?

Etc.

Who is the oldest woman who presently lives in this household?

Who is the next oldest woman who presently lives in this household?

Etc.

Suffix: _____

Name or Relationship	Last digit of phone number									
	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1
2	2	1	2	1	2	1	2	1	2	1
3	3	1	2	3	1	2	3	1	2	X
4	1	2	3	4	1	2	3	4	X	X
5	2	3	4	5	1	2	3	4	5	1
6	5	6	1	2	3	4	X	X	X	X
7	2	3	4	5	6	7	1	X	X	X
8	8	1	2	3	4	5	6	7	X	X

The person in your household that I need to speak with is _____

If "you"

page 3

To correct respondent

Hello. I'm _____ calling for the
_____. I'm a member of a special research team. We're doing a study of
_____ residents regarding their health practices and day-to-day living habits. You have been
randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential. First, I'd like to begin by asking you about using seat belts.....

SECTION A: SEAT BELTS

1. How often do you use seat belts when you drive or ride in a car?

Would you say:

PLEASE READ

(31)

a.	Always	1
b.	Nearly Always	2
c.	Sometimes	3
d.	Seldom	4
	OR	
e.	Never	5
<u>DO NOT</u>	Don't know/Not sure	7
<u>READ</u>		
<u>THESE</u>	Never drive or ride in a car.....	8
<u>RESPONSES</u>	Refused	9

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure:

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL

(32)

a. No, <u>GO TO SECTION C (p.5)</u>	1
b. Yes, by a doctor	2
c. Yes, by a nurse	3
d. Yes, by other health professional	4
Don't know/Not sure <u>GO TO SECTION C (p.5)....</u>	7
Refused <u>GO TO SECTION C (p.5) ...</u>	9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (33)

- a. More than once 1
- b. Only once 2
- Don't know/Not sure 7
- Refused 9

4. Is any medicine currently prescribed for your high blood pressure? (34)

- a. Yes 1
- b. No, GO TO Q 6 2
- Don't know/Not sure, GO TO Q 6 7
- Refused, GO TO Q 6 9

5. Are you currently taking medicine for your high blood pressure? (35)

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY" IF NECESSARY. IF ANSWER IS "YES", USE "YES ALL OR MOST OF THE TIME"

- a. Yes, all or most of the time 1
- b. Yes, only occasionally 2
- c. No 3
- Don't know/Not sure 7
- Refused 9

6. As far as you know, is your blood pressure presently normal--or under control--or is it still high?

PLEASE NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE" (36)

- a. Normal 1
- b. Under control 2
- c. Still high 3
- Don't know/Not sure 7
- Refused 9

SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

7. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (37)

a. Yes 1

b. No, GO TO SECTION D (p.8) 2

Don't know/Not sure, GO TO SECTION D (p.8).. 7

Refused, GO TO SECTION D (p.8) 9

8. What type of physical activity or exercise did you spend the most time doing during the past month? (38-39)

a. ACTIVITY — —

SEE CODING LIST A Refused, GO TO Q 13 (p.6) 9 9

Activity

ASK QUESTION 9 ONLY IF ANSWER TO QUESTION 8 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS, GO TO QUESTION 10 (p.6).

9. How far did you usually walk/run/jog/swim? (40-42)

a. Miles and tenths — —

SEE CODING LIST B D 't know/Not sure 7 7. 7

IF RESPONSE IS NOT Refused 9 9. 9

IN MILES AND TENTHS

10. How many times per week or per month did you take part in this activity during the past month? (43-45)

a. Times per week 1 _ _
 b. Times per month 2 _ _
 Don't know/Not sure 7 7 7
 Refused 9 9 9

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (46-48)

a. Hours & Minutes _ : _ _
 Don't know/Not sure 7 : 7 7
 Refused 9 : 9 9

12. Was there another physical activity or exercise that you participated in during the last month? (49)

a. Yes 1
 b. No, GO TO SECTION D (p.8) 2
 Don't know/Not sure, GO TO SECTION D (p.8).. 7
 Refused, GO TO SECTION D (p.8) 9

13. What other type of physical activity gave you the next most exercise during the past month? (50-51)

a. Activity _ _

SEE CODING LIST A

Refused, GO TO SECTION D (p.8) 9 9

Activity

ASK QUESTION 14 ONLY IF ANSWER TO QUESTION 13 IS RUNNING, JOGGING,
WALKING, OR SWIMMING, ALL OTHERS GO TO QUESTION 15

14. How far did you usually walk/run/jog/swim? (52-54)

a. Miles and tenths — — .

SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS

Don't know/Not sure 7 7. 7

Refused..... 9 9. 9

15. How many times per week or per month did you take part
in this activity? (55-57)

a. Times per week 1 — —

b. Times per month 2 — —

Don't know/Not sure 7 7 7

Refused 9 9 9

16. And when you took part in this activity, for how many minutes
or hours did you usually keep at it? (58-60)

a. Hours & Minutes..... — : —

Don't know/Not sure 7 : 7 7

Refused 9 : 9 9

SECTION D: DIET

17. About how much do you weigh without shoes? (61-63)

a. WEIGHT	<u> </u> Pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

18. About how tall are you without shoes? (64-66)

a. HEIGHT	<u> </u> Ft/Inches
Don't know/Not sure	7 7 7
Refused	9 9 9

19. Are you now trying to lose weight? (67)

a. Yes	1
b. No, <u>GO TO Q 22 (p.9)</u>	2
Refused, <u>GO TO Q 22 (p.9)</u>	9

20. Are you eating fewer calories to lose weight? (68)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

21. Have you increased your physical activity to lose weight? (69)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

22. How often do you usually add salt to your food at the table?

Would you say:	<u>PLEASE READ</u>	(70)
a. Most of the time		1
b. Sometimes		2
c. Rarely		3
OR		
d. Never		4
Don't know/Not sure		7
Refused		9

23. Overall, would you say your diet is high, medium, or low in fiber? (71)

a. High	1
b. Medium	2
c. Low	3
Don't know/Not sure	7
Refused	9

24. Overall, would you say your diet is high, medium, or low in fat? (72)

a. High	1
b. Medium	2
c. Low	3
Don't know/Not sure	7
Refused	9

SECTION E: TOBACCO USE

Now, I would like to ask you a few questions about tobacco products.

25. Have you smoked at least 100 cigarettes in your entire life? (73)

100 CIGARETTES
= 5 PACKS

- a. Yes 1
- b. No, GO TO Q 29 (p.11) 2
- Don't know/Not sure, GO TO Q 29 (p.11) 7
- Refused, GO TO Q 29 (p.11) 9

26. Do you smoke cigarettes now? (74)

- a. Yes 1
- b. No, GO TO Q 29 (p.11) 2
- Refused, GO TO Q 29 (p.11) 9

27. On the average, about how many cigarettes a day do you now smoke? (75-76)

1 PACK =
20 CIGARETTES

- a. Number of cigarettes — —
- b. Don't smoke regularly 8 8
- Refused 9 9

28. Have you stopped smoking for a week or more sometime during the past year? (77)

- a. Yes 1
- b. No 2
- Refused 9

29. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH (78)

- a. Yes, chewing tobacco 1
- b. Yes, snuff 2
- c. Yes, both 3
- d. No, neither, GO TO SECTION F (p.12) 4
- Don't know/Not sure, GO TO SECTION F (p.12). 7
- Refused, GO TO SECTION F (p.12) 9

30. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?

PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH (79)

"Yes"
INCLUDES
OCCASIONAL
USE

- a. Yes, chewing tobacco 1
- b. Yes, snuff 2
- c. Yes, both 3
- d. No, neither 4
- Don't know/Not sure 7
- Refused 9

SECTION F: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, or liquor--all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

31. Have you had any beer, wine or liquor during the past month, that is, since _____? (80)
- | | |
|--|---|
| a. Yes | 1 |
| b. No, <u>GO TO SECTION G (p.15)</u> | 2 |
| Refused, <u>GO TO SECTION G (p.15)</u> | 9 |
32. During the past month, how many days per week or per month did you drink any beer? (81-83)
- | | | |
|---|---|-----|
| a. Days per week | 1 | ___ |
| b. Days per month | 2 | ___ |
| c. Never or none, <u>GO TO Q 34 (p.13)</u> | 8 | 8 8 |
| Don't know/Not sure, <u>GO TO Q 34 (p.13)</u> | 7 | 7 7 |
| Refused, <u>GO TO Q 34 (p.13)</u> | 9 | 9 9 |
33. On the days when you drank beer, about how many beers did you drink on the average? (84-85)
- | | |
|---------------------------|-----|
| a. Number of beers | ___ |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

34. Also, during the past month, how many days per week or per month did you drink any wine? (86-88)
- | | | | |
|--|---|----|----|
| a. Days per week | 1 | __ | __ |
| b. Days per month | 2 | __ | __ |
| c. Never or none, <u>GO TO Q 36</u> | 8 | 8 | 8 |
| Don't know/Not sure, <u>GO TO Q 36</u> | 7 | 7 | 7 |
| Refused, <u>GO TO Q 36</u> | 9 | 9 | 9 |
35. On the days when you drank wine, about how many glasses of wine did you drink on the average? (89-90)
- | | | |
|------------------------------------|----|----|
| a. Number of glasses of wine | __ | __ |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
36. And, during the past month, about how many days per week or per month did you have any liquor to drink, such as vodka, gin, rum, or whiskey? (91-93)
- | | | | |
|---|---|----|----|
| a. Days per week | 1 | __ | __ |
| b. Days per month | 2 | __ | __ |
| c. Never or none, <u>GO TO Q 38 (p.14)</u> | 8 | 8 | 8 |
| Don't know/Not sure, <u>GO TO Q 38 (p.14)</u> | 7 | 7 | 7 |
| Refused, <u>GO TO Q 38 (p.14)</u> | 9 | 9 | 9 |
37. On the days when you drank any liquor, about how many drinks did you have on the average? (94-95)
- | | | |
|---------------------------|----|----|
| a. Number of drinks | __ | __ |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

38. Considering all types of alcoholic beverages, that is beer, wine, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? (96-97)

a. Number of times	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

39. And during the past month, how many times have you driven when you've had perhaps too much to drink? (98-99)

a. Number of times	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

SECTION G: PREVENTIVE HEALTH PRACTICES

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

40. About how long has it been since you last visited a doctor for a routine checkup?

PLEASE READ

(100)

Was it:

- a. Within the past year(0 TO 12 MONTHS AGO) 1
- b. Within the past two years ...(13 TO 24 MONTHS AGO) 2
- c. Within the past five years ..(25 TO 60 MONTHS AGO) 3
- OR
- d. More than five years ago(61+ MONTHS AGO) 4
- Don't know/Not sure 7
- Never 8
- Refused 9

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

41. Have you ever had your blood cholesterol checked?

(101)

- a. Yes 1
- b. No, GO TO Q 48 (p.17) 2
- Don't know/Not sure, GO TO Q 48 (p.17) 7
- Refused, GO TO Q 48 (p.17) 9

42. About how long has it been since you last had your blood cholesterol checked?

PLEASE READ

(102)

Was it:

- a. Within the past year(0 TO 12 MONTHS AGO) 1
- b. Within the past two years ..(13 TO 24 MONTHS AGO) 2
- c. Within the past five years ..(25 TO 60 MONTHS AGO) 3
- OR
- d. More than five years ago(61+ MONTHS AGO) 4
- Don't know/Not sure 7
- Refused 9

43. Have you ever been told your blood cholesterol level, in numbers? (103)

- a. Yes 1
- b. No, GO TO Q 45 2
- Don't know/Not sure, GO TO Q 45 7
- Refused, GO TO Q 45 9

44. What is your blood cholesterol level? (104-106)

- a. RECORD THE NUMBER _ _ _
- b. Don't know/Not sure 7 7 7
- Refused 9 9 9

45. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (107)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

46. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level? (108)

- a. Yes 1
- b. No, GO TO Q 48 (p.17) 2
- Don't know/Not sure, GO TO Q 48 (p.17) 7
- Refused, GO TO Q 48 (p.17) 9

47. Did the doctor:

47a. --prescribe a medication to lower your blood cholesterol? (109)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

47b. --provide you a low fat or low cholesterol diet? (110)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

47c. --refer you to a dietitian, nutritionist, or nurse to help you
reduce the fat or cholesterol in your diet? (111)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

48. Next, I'd like to ask you about diabetes, sometimes called sugar
diabetes. Have you ever been told by a doctor that you have diabetes? (112)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Next I'd like to ask you about getting your blood pressure checked.

49. About how long has it been since you last had your blood pressure taken by a doctor or other health professional?

PLEASE READ

(113)

Was it:

- a. Within the past year(0 TO 12 MONTHS AGO) 1
- b. Within the past two years ...(17 TO 24 MONTHS AGO) 2
- c. Within the past five years ..(25 TO 60 MONTHS AGO) 3
- OR
- d. More than five years ago(61+ MONTHS AGO) 4
- Don't know/Not sure, GO TO Q 52 (p.19) 7
- Never, GO TO Q 52 (p.19) 8
- Refused, GO TO Q 52 (p.19) 9

50. Blood pressure is usually given as one number over another.

Were you told what your blood pressure was in numbers?

(114)

- a. Yes 1
- b. No, GO TO Q 52, (p.19)..... 2
- Don't know/Not sure, GO TO Q 52, (p.19)..... 7
- Refused, GO TO Q 52, (p.19)..... 9

51. What was your blood pressure, in numbers?

(115-120)

- a. RECORD THE NUMBER /
- b. Don't know/Not sure 7 7 7 / 7 7 7
- Refused 9 9 9 / 9 9 9

SECTION H: DEMOGRAPHICS

And finally, these next few questions ask for a little more information about yourself.

52. How old were you on your last birthday? (121-122)

a. CODE AGE IN YEARS	___	___
Don't know/Not sure	0	7
Refused	0	9

53. What is your race?

Would you say

PLEASE READ

(123)

a. White	1
b. Black	2
c. Asian, Pacific Islander	3
d. Aleutian, Eskimo, or American Indian	4
e. Other specify _____	5
Don't know/Not sure	7
Refused	9

54. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican, or Cuban?

(124)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

55. What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY

(125)

- | | |
|--|---|
| a. Eighth Grade or Less | 1 |
| b. Some High School | 2 |
| c. High School Grad or GED Certificate | 3 |
| d. Some Technical School | 4 |
| e. Technical School Graduate | 5 |
| f. Some College | 6 |
| g. College Graduate | 7 |
| h. Post Grad or Professional Degree | 8 |
| Refused | 9 |

56. Are you currently:

PLEASE READ

(126)

- | | |
|---|---|
| a. Employed for wages | 1 |
| b. Self employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| OR | |
| g. Retired | 7 |
| Refused | 9 |

57. And are you: PLEASE READ (127)

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- OR
- f. A member of an unmarried couple 6
- Refused 9

58. Which of the following categories best describes your
annual household income from all sources?

PLEASE READ (128)

- a. Less than 10,000 1
- b. 10 to 15,000 2
- c. 15 to 20,000 3
- e. 20 to 25,000 4
- e. 25 to 35,000 5
- f. 35 to 50,000 6
- OR
- g. Over 50,000 8
- Don't know/Not sure 7
- Refused 9

59. INTERVIEWER: INDICATE SEX OF RESPONDENT ASK IF NECESSARY (129)

- a. Male, GO TO Q 63, (p.23) 1
- b. Female 2

INTERVIEWER: ASK THIS QUESTION ONLY OF FEMALES
BETWEEN 18 AND 45 YEARS OF AGE,
OTHERWISE GO TO QUESTION 63, (p. 23).

60. To your knowledge, are you now pregnant? (130)

- a. Yes 1
- b. No, GO TO Q 62 2
- Don't know/Not sure, GO TO Q 62 7
- Refused, GO TO Q 62 9

61. During what month is your baby due? (131-132)

- a. CODE MONTH, GO TO Q 63 (p.23) — —

CODE MONTH: Don't know/Not sure, GO TO Q 63 (p.23). 7 7

01=Jan, 02=Feb, etc. Refused, GO TO Q 63 (p.23) 9 9

62. Are you currently taking birth control pills? (133)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

63. How many telephone numbers will reach this household, including the number I used today?

DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND
TELEPHONE SETS IF NECESSARY. INCLUDE ALL
TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD

(134)

a. Total Telephone Numbers —

CLOSING STATEMENT

That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

MODULE 6: AIDS

Next, I would like to ask you some questions about AIDS and the AIDS virus infection.

1. Compared to most people, how much would you say you know about AIDS?

	<u>PLEASE READ</u>	(166)
Would you say:		
a. A lot		1
b. Some		2
c. A little		3
OR		
d. Nothing		4
Don't know/Not sure		7
Refused		9

2. What are your chances of getting the AIDS virus?

	<u>PLEASE READ</u>	(167)
Would you say:		
a. High		1
b. Medium		2
c. Low		3
OR		
d. None		4
Don't know/Not sure		7
Refused		9

3. Has concern about AIDS changed your life in any way? (168)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

4. Have you had your blood tested for the AIDS virus? (169)

- a. Yes 1
- b. No, GO TO Q6 MODULE 6..... 2
- Don't know/Not sure, GO TO Q6 MODULE 6 7
- Refused, GO TO Q6 MODULE 6 9

5. Was it when you donated blood or was it some other time? (170)

- a. When donated blood 1
- b. Some other time 2
- c. Both 3
- Don't know/Not sure 7
- Refused 9

6. Have you ever personally known anyone with the AIDS virus infection or with AIDS? (171)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

STATE SPECIFIC MODULE

1. What town do you live in?

51200-2-F

**CONNECTICUT BEHAVIORAL HEALTH RISKS
1989 RESULTS**

Including

WEIGHT CONTROL PRACTICES

ADDENDUM TO 1988 REPORT

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CONNECTICUT DEPARTMENT OF HEALTH SERVICES
CENTER FOR CHRONIC DISEASE, URBAN/RURAL HEALTH
Behavioral Risk Factor Surveillance Survey
Executive Summary-1989

In 1989 the Connecticut Department of Health Services, with support from the Centers for Disease Control (CDC), participated with 39 other states (including the District of Columbia) in a telephone survey (Behavioral Risk Factor Surveillance System or BRFSS) to determine the prevalence of certain behavioral risk factors related to the leading causes of death. Results for the sample of 1,356 respondents, weighted to match the Connecticut population estimates for July 1, 1988, are summarized below. For more information about the survey, contact Mary Adams, Center for Chronic Disease, Urban/Rural Health (203) 566-7867.

General Results

Over 85 percent of adults in the state reported one or more of the ten major risk factors of seat belt nonuse, hypertension, lack of exercise, smoking, obesity, chronic drinking, acute drinking, drinking and driving, diabetes, or known cholesterol level above 239 mg/dl. Over half (54%) of the respondents reported 2 or more of these risk factors. Over half also had one or more of the cardiovascular risk factors of current hypertension, smoking, obesity, and elevated cholesterol, including 15.3% who reported two or more.

Seat Belt Use

Respondents who reported seldom, never, or sometimes using seat belts (considered "at risk") represented 24.7% of the Connecticut population. This was a significant decrease from the 58% obtained in 1985 prior to passage of a state law requiring seat belts for front seat passengers.



Hypertension



Current hypertensives were those who reported they had been told more than once that their blood pressure was high, or were on medication, or reported their blood pressure was still high. The prevalence of current hypertension in Connecticut was 16.3%.

Weight and Diet

Respondents were asked about height, weight, and whether they were trying to lose weight. Obesity was defined as 120% or more of the ideal weight from the 1959 Metropolitan Height-Weight tables, and also from calculated body mass index (BMI). The prevalence of obesity was 23.1% by the first method and 18.4% by BMI. One third (36%) of all respondents said they were trying to lose weight.



Cholesterol



Nearly two-thirds (63.7%) of the sample had had their cholesterol measured, the highest rate for the 40 participating states. Although many were not told the actual reading, one in five (23%) of those tested had been told their level was high.

Sedentary Lifestyle



Several questions were asked about exercise habits in order to determine the frequency, duration, and level of exercise. From these answers, four levels of physical activity were established; the risk category was defined as those who were sedentary or exercised less than 20 minutes at a time or less than 3 times per week. Over half (56.9%) of Connecticut adults were considered to be at risk for lack of adequate regular exercise.

Tobacco Use

The prevalence of cigarette smoking in 1989 was 26.6% and was virtually unchanged from 1985 or 1988. The rate for women, at 26.8%, was the second highest of all 40 participating states. More than half of those who ever smoked have quit. The rate of current smoking was highest for those in the 25-34 year age group (32.3%).



Alcohol Use



Three categories of alcohol risk were determined. Because some questions were modified, chronic drinking results should not be compared with earlier surveys. In 1989, the prevalence of chronic drinking, or consumption of 60 or more drinks per month, was 4.6%. Those who reported having 5 or more drinks on an occasion at least once in the past month were designated acute drinkers and comprised 17.6% of Connecticut adults. The prevalence of drinking and driving one or more times in the previous month was 3.1%. The prevalence of each alcohol risk factor was significantly higher for men than women.

Summary

A summary of risk factors for Connecticut for 1989 is shown below, along with the 1988 results and the 1989 median for all 40 states for comparison. Although Connecticut prevalence rates were higher than the median for smoking and drinking, these differences were not statistically significant.

Risk Factor	CT Prevalence % (+/-95% CI)		Median 40 states %
	1988	1989	1989
Seat belt nonuse	25.2 (2.8)	24.7 (2.6)	28.6
Current hypertension	15.8 (2.3)	16.3 (2.3)	17.2
Sedentary lifestyle	57.6 (3.2)	56.9 (2.9)	58.7
Obesity > 120%	23.3 (2.6)	23.1 (2.6)	24.5
BMI	19.7 (2.5)	18.4 (2.5)	20.4
Smoking	26.7 (2.9)	26.6 (2.6)	24.2
Smokeless tobacco use	0.9 (0.6)	NA	NA
Alcohol- Chronic drinking	9.0 (2.1)	4.6 (1.3)*	3.7
Acute drinking	17.3 (2.6)	17.6 (2.5)	15.4
Drinking/driving	3.8 (1.4)	3.1 (1.0)	2.9
Cholesterol checked	53.4 (3.3)	63.7 (2.9)	55.1
Females only:			
Had Mammogram		51.4 (3.9)	43.3
Had PAP test		91.8	-

* Chronic drinking risk should not be compared with earlier years because of wording change.

Connecticut Results for 1989

This report will serve as a supplement to the 1988 Behavioral Risk Factor Surveillance Report for Connecticut. Please refer to that earlier report for information about the survey, including the methodology. In 1989, 40 states participated in the survey which is coordinated by the Centers for Disease Control. A total of 1,356 Connecticut adults 18 and older were randomly selected and interviewed by telephone for this survey. The demographics of the sample and the state population are shown in Table I.

The questionnaire for 1989 was similar to that used for 1988 for many of the risk factors, but all states added questions on weight control practices in 1989. In addition, Connecticut included some state specific questions addressing cervical cancer screening, breast self-examination, and smoke detector use. A copy of the questionnaire is included as Appendix B.

A summary of the results for behavioral risk factors is shown in Appendix A. This report will emphasize topics that were not included on earlier surveys, changes between 1988 and 1989 results, and comparisons with results from the other participating states.

TABLE I
Demographics

	Respondents		Population*	
	n	%	N	%
AGE				
18-24	141	10.4	345,000	13.9
25-34	361	26.6	543,000	21.9
35-44	293	21.6	482,000	19.5
45-54	173	12.8	347,000	14.0
55-64	157	11.6	322,000	13.0
65+	231	17.0	435,000	17.6
	1,356	100.0	2,474,000	99.9
SEX				
Male	556	41.0	1,174,000	47.5
Female	800	59.0	1,300,000	52.5
RACE/ETHNICITY				
White	1,192	87.9		
Black	96	7.1		
Hispanic	52	3.8		
Other	16	1.2		
INCOME				
less than \$10,000	99	7.3		
\$10,000-\$14,999	87	6.4		
\$15,000-\$19,999	93	6.9		
\$20,000-\$24,999	103	7.6		
\$25,000-\$34,999	192	14.2		
\$35,000-\$50,000	239	17.6		
greater than \$50,000	300	22.1		
unknown	243	17.9		
EDUCATION				
less than 9th	75	5.5		
some high school	120	8.8		
high school graduate	420	31.0		
some technical school	20	1.5		
tech. school graduate	19	1.4		
some college	292	21.5		
college graduate	262	19.3		
post graduate	145	10.7		
MARITAL STATUS				
Married	740	54.6		
Divorced	144	10.6		
Widowed	124	9.1		
Separated	41	3.0		
Never married	280	20.6		
Unmarried couple	24	1.8		

*Estimated Connecticut population
July 1, 1988

(1014S)

Weight/Weight Control

The 1989 survey contained a major section on weight and weight control practices. Overweight is defined in two ways; in one method obesity is defined as at or above 120 percent of the ideal weight from the Metropolitan Height-Weight tables. The second method uses the body mass index (BMI), which is the weight in kilograms divided by the square of the height in meters. Anyone over the sex-specific 85th percentile of BMI for U.S. adults aged 20 to 29 years from the Second National Health and Nutrition Examination Survey is considered obese. By the first method, 23.1% of state adults were obese and by the BMI method 18.4% were obese. The prevalence of obesity was higher for men by both methods, but only for the height-weight tables method were the differences significant. Unless otherwise specified, all results reported here were determined using the height-weight tables method. In addition to those considered obese, 18.9% of Connecticut adults were between 10% and 20% overweight (Figure 1). Therefore, a total of 42% of Connecticut adults - over 1 million - were 10% or more over their ideal weight. That group included 53.3% of adult men and 31.7% of adult women in the state.

Over one-third (36%) of all state adults said they were trying to lose weight: 41.7% of the women and 29.7% of the men. Thus, while men were significantly more likely to be 10% or more overweight, women were more likely to be trying to lose weight. The rate of those trying to lose pounds varied by age as shown in Figure 2. Of those trying to lose weight, 23.5% said they were "always trying to lose weight." This represents over 200,000 adults in the state. Another 15% have been trying to lose weight for a year or more. The mean amount of desired weight loss was 29.2 pounds with a maximum desired weight loss reported at 210 pounds. About one third were trying to lose 15 pounds or less, one third wanted to lose between 16 and 30 pounds and the rest were trying to shed more than 30 pounds. Those who were obese indicated they wanted to lose an average of 41.7 pounds, while those 10-20% overweight wanted to lose 24.9 pounds and the remainder were trying to lose an average of 16.1 pounds. Although most of those who said they were trying to lose weight were above their ideal weight, about 12% of those trying to lose weight were not. Of those at or below their ideal weight, 13.5% were trying to lose weight.

WEIGHT CATEGORIES CONNECTICUT 1989

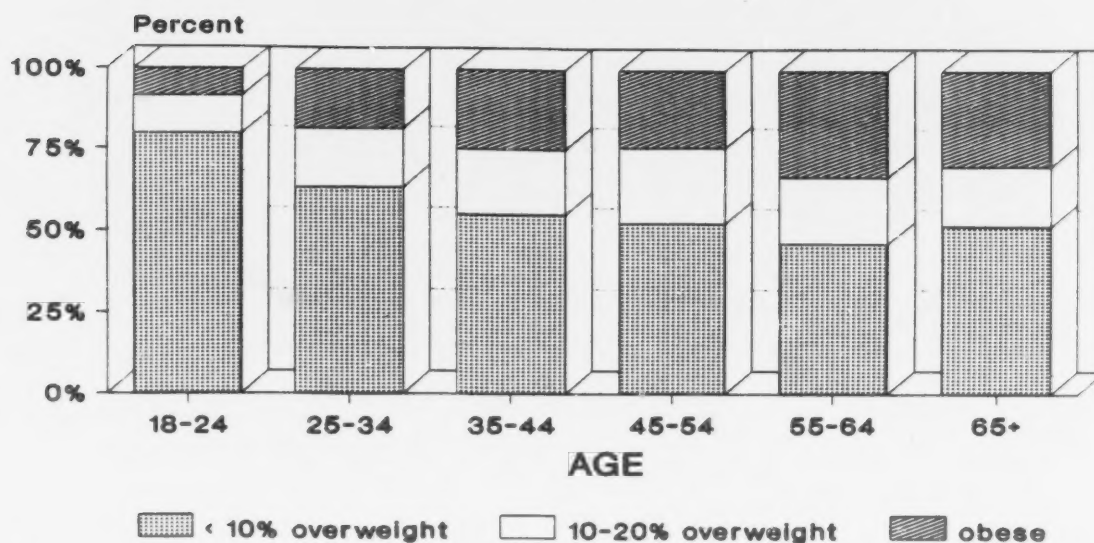


Figure 1

TRYING TO LOSE WEIGHT CONNECTICUT 1989

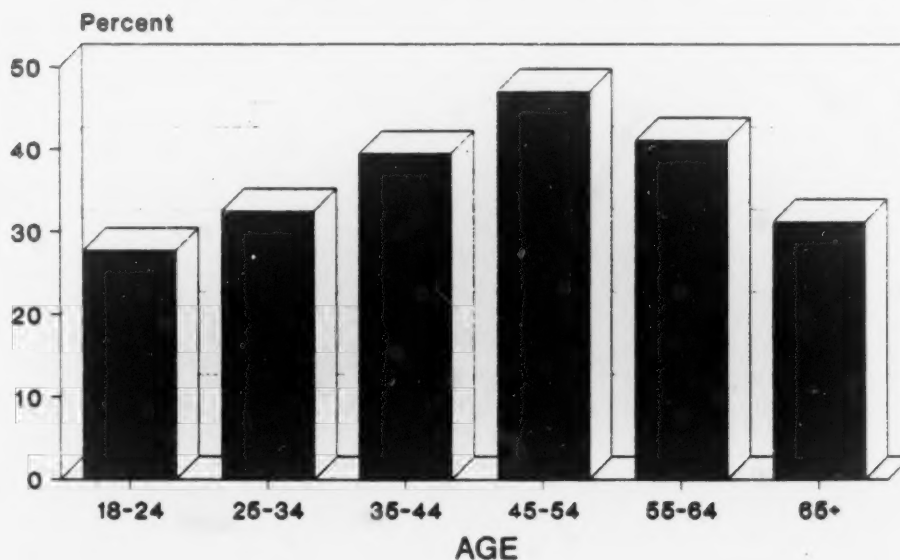


Figure 2

In addition to those trying to lose weight, about one-third of both men and women (36.6% total) were trying to maintain their weight. Only 1.5% of respondents (mostly men) were trying to gain weight. Combining those who were trying to lose weight with those who were trying to keep from gaining weight results in a total of 73% of all state adults or nearly 1.8 million people. Over half of these people (56%) were eating fewer calories, although 76% of those eating fewer calories were not counting calories. Nearly half (48%) of those watching their weight were using physical activity for weight control and 30% were combining exercise with dieting. Other weight control methods being used included:

<u>Method</u>	<u>Prevalence</u> (of those controlling weight)
Diet pills	1.0%
Supplements	3.5%
Fasting 24 hours or more	1.7%
Program (Weight Watchers, etc.)	3.8%
Inducing vomiting after eating	0.1%

Of those who were termed obese or 20% or more overweight by the tables, 67% were trying to lose weight and another 22% were trying to keep from gaining weight. Nearly one-third of the obese (32%) were trying to lose weight by combining diet and physical activity.

Excluding those few trying to gain weight, 22% of the remaining respondents had been advised by a health professional to reduce their weight. Of those who were obese, nearly half had been advised to lose weight, but half had not. There was a statistically significant relationship between receiving advice to lose weight and actually trying to lose weight. Nearly two-thirds (66%) of those who had been advised by a health professional to lose weight were trying to lose, while only 28.5% of those not so advised were attempting to lose weight. Looked at another way, 40% of those trying to lose weight had been advised to do so. Over one fourth (29%) of those who had received a health professional's advice to lose weight did not consider themselves overweight at the time of the survey.

Perceptions of Weight

About one-third (34%) of all respondents felt that they were overweight, 5% thought they were underweight, and the rest considered themselves average (Figure 3). Nearly three-fourths (73.1%) of those who thought they were overweight were trying to lose weight and an additional 18.6% were trying to maintain their weight. Three out of five adults, or 1.5 million persons, considered themselves average weight. Of these, 18.1% were trying to lose weight and 47.6% were trying to maintain their weight. Note that a higher percentage of those who thought they were overweight were trying to lose weight than of those who were actually obese.

Perceptions about weight did not always coincide with overweight status. For example, of those 10% or more overweight (about 42% of all adults), about 60% thought they were overweight but 40% felt they were average or even underweight. Of those actually obese at 20% or more over ideal weight, 19% felt they were average and 1% felt they were underweight. Over three fourths of respondents did seem to place themselves in the correct category; 80% of those who thought they were overweight were 10% or more above ideal weight, and 75% of those who considered themselves average weight were less than 10% above the ideal range. These two categories accounted for 95% of respondents.

PERCEPTION OF WEIGHT CONNECTICUT 1989

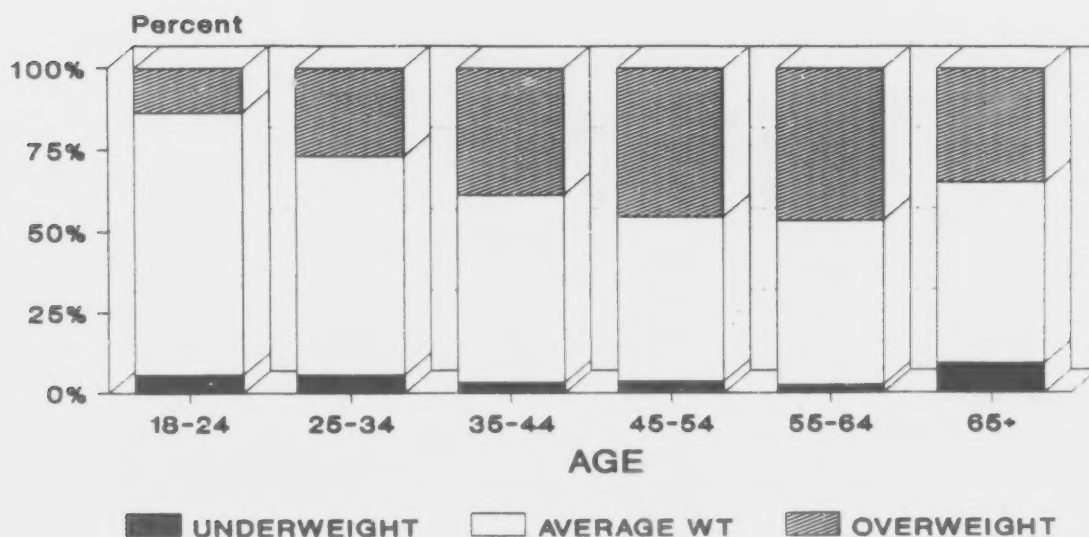


Figure 3

Seat Belts

One fourth of Connecticut adults were at risk for seat belt nonuse, responding that they used seat belts never, rarely, or sometimes. Men were significantly more likely to be at risk (30%) than women (20%).

Exercise

Over half (56.9%) of Connecticut adults exercised less than 3 times per week for 20 minutes at a time and were thus considered at risk. Non-whites were significantly more likely to be at risk (67.7% vs. 55.6%) with non-white females having the highest risk at 74%. Few people had met the 1990 objectives for exercising at 60% of capacity: 16% of those 65 and older and 9% of those 18-64 years of age. Walking was the most prevalent activity, with 31% of all respondents reporting participating in that exercise.

Over 9% of those who said they were exercising to lose weight were classed as sedentary by answering that they did not engage in leisure time physical activity. About 25% of those who weren't exercising for weight control were exercising regularly, apparently for other reasons.

Table II

Activities

<u>Activity</u>	<u>Percent of all respondents</u> <u>participating</u>	<u>Rank</u>
Walking	31.0	1
Gardening	5.6	2
Aerobics	4.7	3
Bicycling	4.4	4
Swimming	4.3	5
Running	4.3	5
Weight Lifting	4.0	7
Home exercise	3.5	8
Tennis	2.9	9
Basketball	2.9	9
Exercise bicycle	2.8	11

Smoking

The prevalence of smoking by Connecticut adults has remained about the same for the past few years while the rate in many other states appears to be decreasing. The prevalence of current smoking in the state in 1989 was 26.6% compared with the median for all 40 participating states of 24.15%. The highest prevalence of smoking was in the 25-34 year olds where 32.3% smoked. Although the overall prevalence rate was not down from 1988, the mean number of cigarettes smoked per day declined from 18.8 in 1988 to 17.2 in 1989.

Connecticut had the highest percentage of all those who had ever smoked (56.4%) and women who had ever smoked (52.7%) of the 40 states conducting the BRFSS. The prevalence of current smoking by women (26.8%) in the state was the second highest of all participating states. Connecticut was one of only five states in which the smoking prevalence for females was greater than for males, although the difference was not statistically significant.

Nearly half of all current smokers in the state (48.3%) stopped smoking for a week or more during the past year. This rate was slightly higher for men (52.8%) than women (44.3%), highest for 18-24 year olds (64.5%) and lowest for 35-44 year olds (36.4%).

Hypertension

Current hypertensives are those who report their blood pressure has been high on more than one occasion, they are on medication, or their blood pressure is currently not under control. The overall rate of current hypertensives for 1989 was 16.3% and the rate increased with age as it did in 1988. Of these current hypertensives, 88% now have their blood pressure under control, including 30% who reported that it was normal.

Alcohol Use

The question format was changed in 1989 so that comparisons for chronic drinking with data from previous years are not possible. Instead of asking about each type of liquor separately - beer, wine, and liquor - as in the past, in 1989 all types of drinks were grouped together. The prevalence of chronic drinking, or consumption of 60 or more drinks per month, dropped from 9.0% in 1988 to 4.6% in 1989 with this change. For most risk factors, the prevalence was significantly higher for men than women and for whites than non-whites (Table III and Figures 4 & 5).

TABLE III
Alcohol Use

<u>Risk</u>	<u>Percent at risk</u>		<u>Significant</u>
	<u>Males</u>	<u>Females</u>	<u>Difference</u>
Binge drinking	29.1	7.1	yes
Chronic Drinking	9.0	0.6	yes
Drinking/driving	5.6	0.8	yes

n = 556 800

<u>Risk</u>	<u>Percent at risk</u>		<u>Significant</u>
	<u>Whites</u>	<u>Non-whites</u>	<u>Difference</u>
Binge Drinking	18.3	11.0	yes
Chronic Drinking	4.9	1.8	yes
Drinking/driving	3.2	1.7	no

n = 1192 164

Definitions: Chronic drinking - 60 or more drinks in the previous month

Acute drinking - 5 or more drinks on an occasion in the past month

Drinking/driving - one or more times in past month

All responses are self-reported

ALCOHOL USE CONNECTICUT 1989

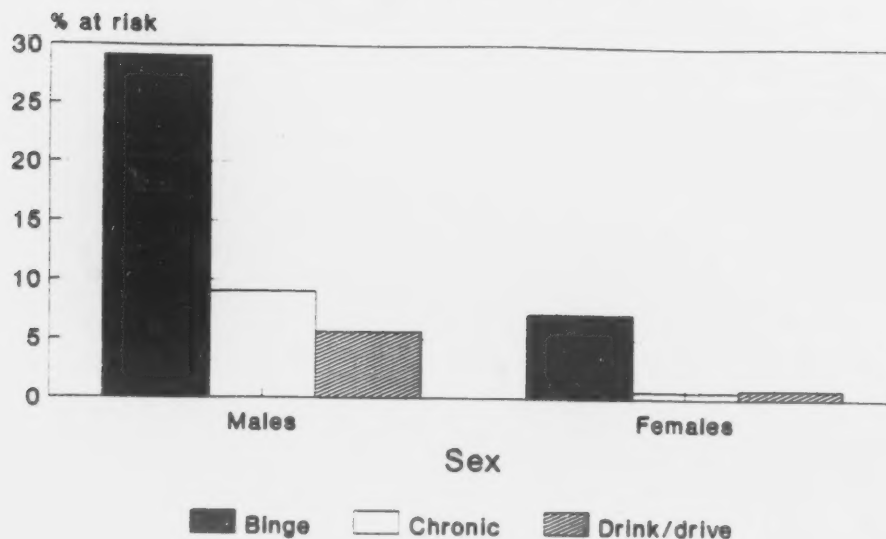


Figure 4

ALCOHOL USE CONNECTICUT 1989

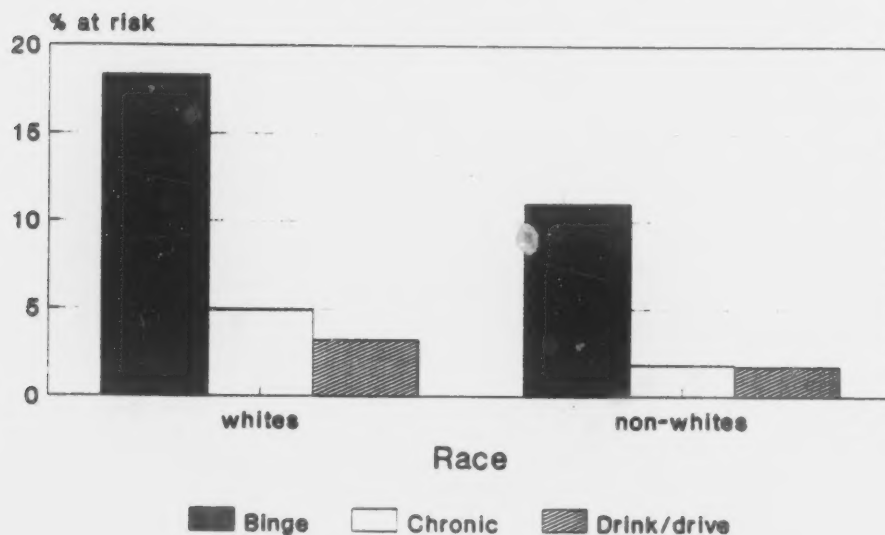


Figure 5

Screening

Cholesterol

Connecticut ranked first among the 40 participating states in the percentage of respondents who reported they had ever had their cholesterol checked at 63.7%. Nearly all of them, or 62% overall, had had their cholesterol checked within the past five years. Only 12% of all adults knew their cholesterol level; 43% of those had levels below 200 mg/dl, 39% were borderline high (200-239 mg/dl) and 17% were considered at risk (above 239 mg/dl). Nearly one-fourth (23.2%) of all respondents, and over one-third (35%) of those ages 55-64, had been told their cholesterol was high. About one in six (16.5%) of all respondents were under a doctor's advice to reduce their cholesterol levels, most often specifying a low fat or low cholesterol diet.

Mammography

Connecticut ranked second in the rate of mammography screening among the participating states, with 51.4% of all women, and 73% of women 40 years and older reporting they had had a mammogram. Nearly two-thirds (64%) of those who had had a mammogram had one in the past year. The breakdown by age and race for ever having a mammogram is shown in Table IV.

TABLE IV

Mammography Screening

<u>Age</u>	<u>Percent who</u> <u>ever had mammogram</u>
18-34	14
35-44	68
45-54	79
55-64	74
65 +	66

<u>Race</u>	<u>Percent</u>
White	52
Black	48
Hispanic	48

Most women indicated that their mammogram was part of a routine check-up (85%) while 14% had their most recent mammogram because of a breast problem. Three fourths (75%) of the women who had had mammography said that it was a doctor's idea, while 23% said it was their own idea. Only 1% of women who had not had a mammogram had never heard of one, and very few women - 1% of those who had not had a mammogram - did not have one because of the cost or lack of insurance. The most common reasons given were that mammography was not needed or not recommended.

Breast Self Examination

All women were asked if they knew how to examine their breasts for lumps; 94% replied that they did know how. This rate was highest for those ages 35-55 years (98%) and lowest for those older than 55 years (91%). Over one-third (39%) of women who knew how to examine their breasts did so once a month, although another 23% examined their breasts more than once a month, sometimes as often as several times a day. Only 12% said they never examined their breasts.

Cervical Cancer

Nearly 97% of all women had heard of a Papanicolaou test and 95% of those, or a total of 92% had one at some time. These figures were not uniform across all ages; the highest rates were for women ages 35-55 where 99% had heard of a Pap test and 97% had had one. For those younger than 35 years, 95% had heard of a Pap test, and 89% had had one, while for those older than 55, 96% had heard of the test and 90% had had one.

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Other Risks

Environment: 11% did not have a working smoke detector in their home.

Routine Physician Visits: 75% had had a routine checkup in the past year. For 5% it had been more than 5 years, including 6.6% of men and 2.8% of women. More than half (58.9%) had gone to a family practitioner for their last routine checkup. About 1% never had a routine physical.

Diabetes: Reported by 4.9%, including about 10% of those 55 and older.

Multiple Risks

The presence of multiple risk factors can be an important factor in planning health promotion and disease prevention activities. Risk factors used to determine multiple risk were:

1. Smoking
2. Current hypertension
3. Obesity
4. Sedentary lifestyle
5. Acute drinking
6. Chronic drinking
7. Drinking and driving
8. Seat belt nonuse
9. Cholesterol above 239 mg/dL
10. Diabetes

Results for multiple risk factors were similar to 1988; only 14% of adults in the state reported none of the above risk factors and over half (54%) had two or more. Narrowing the choice of risk factors to those specific for cardiovascular disease - current hypertension, smoking, obesity, and elevated cholesterol - over half of all respondents had one or more, and 15% reported two or more. A pairwise comparison of the ten risk factors was done using the unweighted data to indicate which risk factors were likely to be associated (Table V). For example, the table indicates that 34.1% of smokers were at risk for not using seat belts, while 19.5% of non-smokers did not use seat belts. Associations that were significant ($\alpha=0.05$) by Chi-square analysis are shaded.

Table V

COMPARISON OF RISK FACTORS

% AT RISK	SBT	HBP	OBY	SED	SMK	CHR	ACU	DDR	CHL	DIA
Seatbelt: (SBT)										
not at risk		15.7	22.3	55.7	23.4	2.7	13.4	2.2	5.0	4.3
at risk		17.1	25.7	61.8	39.4	9.5	25.1	6.4	3.5	5.4
Hypertensive: (HBP)										
not at risk	23.0		19.6	56.2	27.4	4.8	17.2	3.5	4.0	2.0
at risk	24.9		42.4	61.8	24.5	2.8	10.2	1.9	8.3	13.4
Obesity: (OBY)										
not at risk	22.8	11.8		54.8	28.2	4.7	17.5	3.4	4.5	3.5
at risk	26.3	28.9		62.8	25.7	4.0	13.5	2.7	5.7	7.4
Sedentary Life: (SED)										
not at risk	20.8	14.3	19.6		23.2	4.0	17.4	2.9	4.5	3.4
at risk	25.3	17.4	25.6		30.2	4.7	15.3	3.4	4.8	5.4
Smoking: (SMK)										
not at risk	19.5	16.6	23.7	54.6		3.4	12.9	2.8	4.8	4.4
at risk	34.1	14.5	21.5	63.3		7.1	24.6	4.4	4.4	5.2
Chronic Drinking: (CHR)										
not at risk	22.1	16.3	23.3	56.9	26.4		13.3	2.3	4.7	4.6
at risk	51.7	10.2	20.3	61.0	44.1		82.5	22.8	3.4	3.5
Acute Drinking: (ACU)										
not at risk	20.8	17.2	24.0	57.4	24.4	0.9		0.5	4.9	4.8
at risk	36.1	10.2	18.8	53.5	41.4	21.7		16.7	3.7	3.7
Drink & Drive: (DDR)										
not at risk	22.5	16.3	23.3	56.8	26.8	3.4	13.8		4.7	4.7
at risk	46.5	9.3	19.1	60.5	37.2	30.2	87.8		2.3	2.4
Cholesterol: (CHL)										
not at risk	23.7	15.5	22.9	56.7	27.3	4.4	16.4	3.3		4.3
at risk	17.5	28.6	29.4	57.0	25.4	3.2	12.7	1.6		9.5
Diabetes: (DIA)										
not at risk	23.2	14.5	22.3	56.5	27.1	4.3	16.3	3.2	4.4	
at risk	27.4	46.8	38.6	67.7	30.7	3.2	12.9	1.6	9.7	

Risk factors that appear in combination may have important implications for health outcomes and for planning health promotion strategies. Some combinations such as drinking and driving and lack of seat belt use can be especially hazardous. Other risks that appear together such as hypertension, obesity, and elevated cholesterol may increase the risk for a particular disease such as heart disease or diabetes. Indeed, those who were obese were twice as likely to have reported diabetes than those not obese, and hypertensives were over six times more likely to have diabetes than non-hypertensives. Every risk factor was related to at least one other factor according to this analysis.

Comparison with Other States

Connecticut ranked very well compared with the other 39 participating states in utilization of screening services, seat belt use, hypertension, obesity, and sedentary lifestyle (Table VI). Smoking, particularly by women, and drinking, especially by men, were areas in which the state ranked very low - often in last place. Because rankings may depend on very small differences between rates, high or low rankings may not indicate significant differences.

Table VI
Comparison with Other States

Ranked from low risk to high risk
or from desirable behavior to less desirable

<u>Risk or factor</u>	<u>Prevalence (%)</u>	<u>Rank</u>	<u>Range</u>
Seat belt use	24.7	14	6.3-61.9%
Current hypertension	16.3	13	13.1-20.3%
Obesity	23.1	10	19.2-30.8%
Obesity by BMI	18.4	7	15.6-26.6%
Sedentary lifestyle	56.9	15	44.7-74.7%
Smoking			
Ever smoked	56.4	40*	33.9-56.4%
Males	60.6	33	40.9-64.2%
Females	52.7	40*	27.2-52.7%
Current smoking	26.6	32	16.4-30.4%
Males	26.3	22	19.0-33.3%
Females	26.8	39	13.9-27.7%
Drinking			
Current (any)	68.5	39	30.3-69.9%
Males	77.9	40*	37.3-77.9%
Females	60.0	38	19.7-63.1%
Binge drinking	17.6	28	6.7-26.7%
Males	29.1	36	10.2-39.9%
Females	7.1	16	2.2-14.4%
Chronic	4.6	30	1.9- 6.6%
Males	9.0	43	3.2-11.7%
Females	0.6	11	0.0- 2.0%
Drinking/driving	3.1	23	1.1- 5.9%
Males	5.6	25	1.3- 9.9%
Females	0.8	7	0.2- 3.0%
Screenings			
Cholesterol (ever)	63.7	1	63.7-48.0%
Males	63.7	1	63.7-42.8%
Females	63.6	5	66.0-48.4%
Mammography - Females	51.4	2	51.9-34.4%

* Connecticut in last place for this risk

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Conclusions

Factors that should be taken into consideration when planning health promotion and disease prevention programs include:

- * Since modifiable risk factors can be responsible for as many as 38% of all Connecticut deaths (1988 Report), reducing the prevalence of these risk factors should reduce or delay premature deaths.
- * There were 2.1 million adults in the state that were at risk for at least one of ten major and modifiable risk factors. About half of all state adults may be increasing their risk of heart disease by having one or more cardiovascular risk factors.
- * Cigarette smoking is still a major problem in the state, especially among women and young people. About half of all smokers are attempting - and failing - to quit each year. These smokers should be targeted for special help in quitting or cutting down. Major efforts must be made to prevent young people from initiating smoking.
- * Nearly three fourths of all state adults were trying to lose weight or keep from gaining weight, representing a large target audience for health programs on diet and exercise. Over 1 million Connecticut adults were 10% or more over their ideal weight, including about 570,000 who were termed obese.
- * With the exception of walking, there was low participation in cardiovascular exercise in the state.
- * Prevalence of all alcohol risks was highest for white males.
- * Women younger than 35 and older than 55 should be targeted for cervical screening and breast self examination programs.
- * Risk factors that are associated should be considered when planning interventions. For example, smoking cessation programs might include information on exercise and seat belts.

Future Plans

The BRFSS is an ongoing system which has been conducted through 1990 and is planned to continue in 1991 and beyond. Funding has been received from the Centers for Disease Control to cover the majority of survey costs at least through 1990 and 1991. The telephone interviewing is done by a contractor which may change from year to year as competitive bids are solicited annually. Each year the questions change slightly, although attempts are made to keep the core risk questions intact for easier comparison with other years. A major emphasis for 1991 is on questions that will address the Year 2000 Health Objectives recently published by the U.S. Department of Health and Human Services. The objectives were developed through an extensive nationwide process to formulate a national strategy for improving health through preventive measures.

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APPENDIX A

Summary of Results - Percent at Risk for Selected Groups Connecticut - 1989

Group	N	Seatbelt Non-use(%)	Hypertension(%)
All Adults	1356	24.7	16.3
Sex			
Male	556	30.1	15.4
Female	800	19.9	17.1
Race			
White	1192	24.3	15.8
Black	96	29.0	21.8
Hispanic	52	30.4	23.1
Other	16	15.3	6.9
Age			
18-24	141	33.6	3.7
25-34	361	25.2	4.0
35-44	293	23.0	10.9
45-54	173	23.1	13.8
55-64	157	26.4	27.1
65 +	231	19.1	41.6
Marital Status			
Married	740	21.7	17.0
Divorced	144	31.4	20.0
Widowed	124	17.2	36.6
Separated	41	43.4	29.3
Never Married	280	31.3	5.6
Unmarried couple	24	30.7	13.4
Education Level			
<9th grade	75	38.8	34.2
Some high school	120	28.7	23.3
High school graduate	420	29.0	15.1
Some technical school	20	37.1	26.0
Technical school grad	19	40.6	12.8
Some college	292	23.2	14.4
College graduate	262	17.4	11.6
Post graduate	145	12.4	15.4
Employment Status			
Employed	773	25.5	10.9
Self-employed	131	33.3	16.8
Unemployed >1yr	37	44.2	21.6
Unemployed <1yr	31	20.9	7.2
Homemaker	110	17.2	10.0
Student	43	29.3	4.9
Retired	228	17.7	40.6
Income Level			
<\$10,000	99	19.4	34.0
\$10-15,000	87	32.2	29.1
\$15-20,000	93	29.3	25.4
\$20-25,000	103	39.0	8.0
\$25-35,000	192	21.4	17.0
\$35-50,000	239	29.7	10.8
Over \$50,000	300	19.0	10.9
*Unk/refused	243	21.6	18.9

Seatbelt non-use: Those reporting who sometimes, seldom, or never use seatbelts; Hypertension: Those told more than once blood pressure is high, or who are on medication, or report BP is still high

*Unknown/refused: not included except for income category

Summary of Results - Percent at Risk for Selected Groups
Connecticut - 1989

Group	N	Overweight	
		>120 median(%)	BMI(%)
All Adults	1356	23.1	18.4
Sex			
Male	556	26.5	21.1
Female	800	20.0	16.0
Race			
White	1192	22.9	18.2
Black	96	27.3	25.5
Hispanic	52	22.2	14.0
other	16	11.7	11.7
Age			
18-24	141	8.4	6.5
25-34	361	18.5	14.9
35-44	293	25.0	20.4
45-54	173	24.3	20.4
55-64	157	33.1	25.1
65 +	231	29.7	23.7
Marital Status			
Married	740	26.2	20.8
Divorced	144	19.1	17.5
Widowed	124	22.9	16.8
Separated	41	16.3	9.2
Never Married	280	15.7	12.6
Unmarried couple	24	23.0	23.0
Education Level			
<9th grade	75	33.2	26.6
Some high school	120	26.8	21.4
High school graduate	420	24.0	18.2
Some technical school	20	42.7	42.7
Technical school grad	19	40.9	18.2
Some college	292	20.5	18.3
College graduate	262	22.2	17.5
Post graduate	145	12.0	10.1
Employment Status			
Employed	773	23.2	18.0
Self-employed	131	25.3	23.5
Unemployed >1yr	37	22.5	21.3
Unemployed <1yr	31	19.2	16.0
Homemaker	110	21.3	17.7
Student	43	9.3	4.7
Retired	228	26.0	20.6
Income Level			
<\$10,000	99	25.0	23.5
\$10-15,000	87	34.0	22.8
\$15-20,000	93	26.3	22.3
\$20-25,000	103	24.7	20.8
\$25-35,000	192	20.7	18.1
\$35-50,000	239	25.1	18.4
Over \$50,000	300	22.6	16.8
*Unk/refused	243	17.7	15.7

Over 120% median: Ideal wt. from 1959 Metropolitan Height-Weight tables

Body Mass Index(BMI): Wt (kg)/Ht²(m) For females >27.3, males >27.8

*Unknown/refused: Not included except for income category

Connecticut Department of Health Services

Summary of Results - Percent at Risk for Selected Groups
Connecticut - 1989

<u>Group</u>	<u>N</u>	<u>Physical Inactivity(%)</u>	<u>Smoking(%)</u>
All Adults	1356	56.9	26.6
Sex			
Male	556	57.0	26.3
Female	800	56.9	26.8
Race			
White	1192	55.6	26.9
Black	96	74.1	25.1
Hispanic	52	58.9	23.2
Other	16	61.3	15.3
Age			
18-24	141	45.2	24.0
25-34	361	56.8	32.3
35-44	293	59.3	29.9
45-54	173	57.4	28.4
55-64	157	63.9	29.8
65 +	231	58.2	13.9
Marital Status			
Married	740	57.8	25.0
Divorced	144	59.1	40.2
Widowed	124	63.1	14.6
Separated	41	79.8	52.2
Never Married	280	47.6	25.5
Unmarried couple	24	80.1	53.9
Education Level			
<9th grade	75	77.8	21.3
Some high school	120	62.1	28.6
High school graduate	420	60.6	35.6
Some technical school	20	60.8	26.9
Technical school grad	19	39.1	26.8
Some college	292	51.9	26.5
College graduate	262	51.6	19.0
Post graduate	145	51.8	13.5
Employment Status			
Employed	773	58.4	29.1
Self-employed	131	54.5	25.5
Unemployed >1yr	37	70.6	40.6
Unemployed <1yr	31	68.3	35.6
Homemaker	110	57.6	32.0
Student	43	35.3	18.6
Retired	228	55.9	15.6
Income Level			
<\$10,000	99	62.3	20.9
\$10-15,000	87	61.3	21.6
\$15-20,000	93	66.2	40.8
\$20-25,000	103	54.6	37.7
\$25-35,000	192	59.4	32.1
\$35-50,000	239	53.7	27.2
Over \$50,000	300	53.8	19.9
*Unk/refused	243	57.1	24.6

Physical inactivity: Sedentary or irregular activity

Smoking: Current regular smoker (smoked 100 cigarettes and smoke now)

*Unknown/refused: Not included except for income category

Connecticut Department of Health Services

Summary of Results - Percent at Risk for Selected Groups
Connecticut - 1989

Group	N	Acute(%)	Drinking Chronic(%)	and Driving(%)
All Adults	1356	17.6	4.6	3.1
Sex				
Male	556	29.1	9.0	5.6
Female	800	7.1	0.6	0.8
Race				
White	1192	18.3	4.9	3.2
Black	96	12.9	1.2	1.8
Hispanic	52	8.6	3.2	2.0
Other	16	8.6	0	0
Age				
18-24	141	35.8	10.1	1.6
25-34	361	27.5	5.6	8.2
35-44	293	15.0	3.5	2.7
45-54	173	9.5	4.1	1.2
55-64	157	11.4	5.0	2.6
65 +	231	4.5	0.2	0
Marital Status				
Married	740	12.9	3.2	2.1
Divorced	144	19.4	6.5	3.9
Widowed	124	4.2	0.7	0
Separated	41	6.5	0	0
Never Married	280	34.8	8.9	6.1
Unmarried couple	24	35.0	12.8	11.0
Education Level				
<9th grade	75	8.1	2.8	0.6
Some high school	120	16.0	3.9	1.2
High school graduate	420	19.1	5.3	3.0
Some technical school	20	16.0	0	9.7
Technical school grad	19	13.2	8.4	0
Some college	292	20.7	6.8	3.2
College graduate	262	19.3	3.2	4.6
Post graduate	145	10.8	1.9	2.9
Employment Status				
Employed	773	19.1	4.8	3.2
Self-employed	131	26.5	7.6	9.8
Unemployed >1yr	37	18.2	12.8	0
Unemployed <1yr	31	29.2	8.7	0
Homemaker	110	5.8	2.0	0.8
Student	43	39.0	7.5	3.8
Retired	228	5.8	0.8	0.6
Income Level				
<\$10,000	99	14.9	6.9	1.1
\$10-15,000	87	8.7	2.6	0
\$15-20,000	93	9.9	3.3	0.6
\$20-25,000	103	21.9	8.3	4.3
\$25-35,000	192	20.9	7.8	4.7
\$35-50,000	239	18.4	3.1	3.2
Over \$50,000	300	16.5	4.3	3.5
*Unk/refused	243	19.9	2.8	3.0

Acute: 5 or more drinks on an occasion in past month; Chronic: 60 more drinks per month average; Drinking/Driving: One more times in past month

*Unknown/refused: Not included except for income category

Connecticut Department of Health Services

1989 Behavioral Risk Factor Questionnaire

FIPS STATE CODE (1-2)	STRATUM CODE (3)	PSU NUMBER (4-6)	RECORD NUMBER (7)	DATE OF INTERVIEW MM DD YY (10-18)	ID (19-17)
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HELLO I'm _____ calling for the _____ We're doing a study of the health practices of _____ residents Your number has been chosen randomly by the _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this _____
(14-36) (11-25) (12-26) *Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time STOP*

Is this a private residence? *Thank you very much, but we are only interviewing in private residences STOP*

	Date	Time	Time	Time	Time	ID	Comments
Line busy							
No answer							

Appointments:	Today's date/time	Spoke with	Ask for	Call-back date & time	ID	Comments
1.						
2.						

Referrals:	Date/time	Spoke with	ID	Comments
1st:				
2nd:				

Call Disposition Codes	
01 - Completed interview	07 - No eligible respondent could be reached during time period
02 - Refused interview	08 - Language barrier prevented completion of interview
03 - Non-working number	09 - Interview terminated within questionnaire
04 - No answer (multiple times)	10 - Line busy (multiple times)
05 - Business phone	11 - Selected respondent unable to respond because of physical or mental impairment
06 - No eligible respondent at this number	

Edited by: _____

Date: ____/____/____

Final Disposition of Telephone Call:

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(89-37)

Our study requires that we interview only one person who lives in your household. How many members of your household, including yourself, are 18 years of age or older?

How many are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

Suffix: _____

Name or Relationship	Last digit of phone number										
	0	1	2	3	4	5	6	7	8	9	
1.	1	1	1	1	1	1	1	1	1	1	1.
2.	2	1	2	1	2	1	2	1	2	1	2.
3.	3	1	2	3	1	2	3	1	2	X	3.
4.	1	2	3	4	1	2	3	4	X	X	4.
5.	2	3	4	5	1	2	3	4	5	1	5.
6.	5	6	1	2	3	4	X	X	X	X	6.
7.	2	3	4	5	6	7	1	X	X	X	7.
8.	6	1	2	3	4	5	6	7	X	X	8.

The person in your household that I need to speak with is _____ If "you" Page 3

To correct respondent

Hello I'm _____ I'm a member of a special research team. We're doing a study of _____ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be **confidential**. First, I'd like to begin by asking you about using seat belts.

SECTION A: SEAT BELTS

1. How often do you use seat belts when you drive or ride in a car?

Would you say:	PLEASE READ	(31)
a. Always		1
b. Nearly Always		2
c. Sometimes		3
d. Seldom OR		4
e. Never		5
DO NOT READ THESE RESPONSES	Don't know/Not sure	7
	Never drive or ride in a car	8
	Refused	9

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure:

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

	a. No, <u>GO TO SECTION C (p. 5)</u>	1
PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL	b. Yes, by a doctor	2
	c. Yes, by a nurse	3
	d. Yes, by other health professional	4
	Don't know/Not sure <u>GO TO SECTION C (p. 5)</u>	7
	Refused <u>GO TO SECTION C (p. 5)</u>	9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

a. More than once	1
b. Only once	2
Don't know/Not sure	7
Refused	9

4. Is any medicine currently prescribed for your high blood pressure?

a. Yes	1
b. No, <u>GO TO Q 5</u>	2
Don't know/Not sure, <u>GO TO Q 5</u>	7
Refused, <u>GO TO Q 5</u>	9

5. Are you currently taking medicine for your high blood pressure?

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY" IF NECESSARY. IF ANSWER IS "YES", USE "YES ALL OR MOST"	a. Yes, all or most of the time	1
	b. Yes, only occasionally	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

6. As far as you know, is your blood pressure presently normal—or under control—or is it still high?

NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE"	a. Normal	1
	b. Under control	2
	c. Still high	3
	Don't know/Not sure	7
	Refused	9

5

SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

7. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (37)

a. Yes 1
 b. No, GO TO SECTION D (p. 8) 2
 Don't know/Not sure, GO TO SECTION D (p. 8) 7
 Refused, GO TO SECTION D (p. 8) 9

8. What type of physical activity or exercise did you spend the most time doing during the past month? (38-39)

a. Activity (specify): See Coding List A
 Refused, GO TO Q 13 (p. 8) 9 9

ASK QUESTION 9 ONLY IF ANSWER TO QUESTION 8 IS RUNNING, JOGGING, WALKING, OR SWIMMING. ALL OTHERS, GO TO QUESTION 10 (p. 8).

9. How far did you usually walk/run/jog/swim? (40-42)

SEE CODING LIST B
 IF RESPONSE IS NOT
 IN MILES AND
 TENTHS

a. Miles and tenths
 Don't know/Not sure 7 7 7
 Refused 9 9 9

6

10. How many times per week or per month did you take part in this activity during the past month? (43-45)

a. Times per week 1
 b. Times per month 2
 Don't know/Not sure 7 7 7
 Refused 9 9 9

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (46-48)

a. Hours & Minutes
 Don't know/Not sure 7 7 7
 Refused 9 9 9

12. Was there another physical activity or exercise that you participated in during the last month? (49)

a. Yes 1
 b. No, GO TO SECTION D (p. 8) 2
 Don't know/Not sure, GO TO SECTION D (p. 8) 7
 Refused, GO TO SECTION D (p. 8) 9

13. What other type of physical activity gave you the next most exercise during the past month? (50-51)

a. Activity (specify): See Coding List A
 Refused, GO TO SECTION D (p. 8) 9 9

ASK QUESTION 14 ONLY IF ANSWER TO QUESTION 13 IS RUNNING, JOGGING, WALKING, OR SWIMMING. ALL OTHERS
GO TO QUESTION 15

14. How far did you usually walk/run/jog/swim? (52-54)

SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND
TENTHS

a. Miles and tenths	— — —
Don't know/Not sure	7 7 7
Refused	9 9 9

15. How many times per week or per month did you take part in this activity? (55-57)

a. Times per week	1 — —
b. Times per month	2 — —
Don't know/Not sure	7 7 7
Refused	9 9 9

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (58-60)

a. Hours & Minutes	— — :
Don't know/Not sure	7 7 7
Refused	9 9 9

SECTION D: WEIGHT CONTROL PRACTICES

"Now I would like to ask you about some of the things you may be currently doing to try to lose weight, or keep from gaining weight."

17. Are you now trying to lose weight? (61)

a. Yes	1
b. No, GO TO Q 21 (p. 9)	2
c. No, trying to gain weight, GO TO Q 28 (p. 11)	3
Don't know/Not sure GO TO Q 21 (p. 9)	7
Refused GO TO Q 21 (p. 9)	9

18. About how long ago did you begin your current attempt to lose weight? (62-64)

a. Days	1 — —
b. Weeks	2 — —
c. Months	3 — —
d. Years	4 — —
e. Always trying to lose weight	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

19. About how much did you weigh when you began your current attempt to lose weight? (65-67)

a. Weight	— — — Pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

20. How much would you like to weigh? (68-70)

a. Weight GO TO Q 22 Pounds
 Don't know/Not sure, GO TO Q 22 7 7 7
 Refused, GO TO Q 22 9 9 9

21. Are you now trying to maintain your current weight,
 that is to keep from gaining weight? (71)

a. Yes 1
 b. No, GO TO Q 27, (p. 11) 2
 Don't know/Not sure GO TO Q 27, (p. 11) 7
 Refused GO TO Q 27, (p. 11) 9

22. Are you eating fewer calories to lose weight,
 or to keep from gaining weight? (72)

a. Yes 1
 b. No, GO TO Q 26, (p. 10) 2
 Don't know/Not sure GO TO Q 26, (p. 10) 7
 Refused GO TO Q 26, (p. 10) 9

23. Some people count calories. If you are counting calories,
 about how many calories are you eating per day? (73-76)

a. (Record number of calories)
 b. Don't count calories GO TO Q 25 (p. 10) 7 7 7 7
 Refused GO TO Q 25 (p. 10) 9 9 9 9

(INTERVIEWER: IF RESPONDENT GIVES A NUMBER OF 10,000 OR GREATER, THEN ENTER 9997)

24. About how long have you been eating this many calories per day? (77-79)

a. Days 1 _ _
 b. Weeks 2 _ _
 c. Months 3 _ _
 d. Years 4 _ _
 Don't know/Not sure 7 7 7
 Refused 9 9 9

25. Are you using physical activity or exercise to lose weight or
 to keep from gaining weight? (80)

a. Yes 1
 b. No 2
 Don't know/Not sure 7
 Refused 9

26. Are you now doing any of the following to lose weight or to keep from
 gaining weight?

	YES	NO	DK/REF	REF
a. taking diet pills to decrease your appetite?	1	2	7	9 (81)
b. taking special products such as canned or powdered supplements?	1	2	7	9 (82)
c. fasting for 24 hours or longer as part of your diet	1	2	7	9 (83)
d. participating in an organized weight control program (such as Weight Watchers, TOPS, or Nutri-Systems)	1	2	7	9 (84)
e. causing yourself to vomit after you eat?	1	2	7	9 (85)

27. Have you been advised by a doctor or other health professional to reduce your weight? (86)

- (INTERVIEWER: PROBE FOR DOCTOR, NUTRITIONIST OR OTHER HEALTH PROFESSIONAL)
- a. Yes, by a Doctor 1
 - b. Yes, by a Nurse/Physician's Assistant 2
 - c. Yes, by a Nutritionist/Dietitian 3
 - d. Yes, other Health Professional 4
 - e. No 5
 - Don't know/Not sure 7
 - Refused 9

28. Do you now consider yourself to be overweight, underweight, or about average? (87)

- a. Overweight 1
- b. Underweight 2
- c. About Average 3
- Don't know/Not sure 7
- Refused 9

SECTION E: TOBACCO USE

Now I'd like to ask you a few questions about cigarette smoking.

29. Have you smoked at least 100 cigarettes in your entire life? (88)

- 100 CIGARETTES
= 5 PACKS
- a. Yes 1
 - b. No, GO TO SECTION F (p. 13) 2
 - Don't know/Not sure, GO TO SECTION F (p. 13) 7
 - Refused, GO TO SECTION F (p. 13) 9

30. Do you smoke cigarettes now? (89)

- a. Yes 1
- b. No, GO TO SECTION F (p. 13) 2
- Refused, GO TO SECTION F (p. 13) 9

31. On the average, about how many cigarettes a day do you now smoke? (90-91)

- 1 PACK = 20 CIGARETTES
- a. Number of cigarettes —
 - b. Don't smoke regularly 8 8
 - Refused 9 9

32. Have you stopped smoking for a week or more sometime during the past year? (92)

- a. Yes 1
- b. No 2
- Refused 9

SECTION F: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, wine coolers, cocktails, or liquor, such as vodka, gin, rum, or whiskey--all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

33. Have you had any beer, wine, wine coolers, cocktails, or liquor during the past month, that is, since _____? (93)

a. Yes 1

b. No, GO TO SECTION G (p. 15) 2

Refused, GO TO SECTION G (p. 15) 9

34. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (94-96)

a. Days per week 1 _ _

b. Days per month 2 _ _

Don't know/Not sure, GO TO Q 36 (p. 14) 7 7 7

Refused, GO TO Q 36 (p. 14) 9 9 9

35. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (97-98)

a. Number of drinks _ _

Don't know/Not sure 7 7

Refused 9 9

36. Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? (99-100)

a. Number of times _ _

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

37. And during the past month, how many times have you driven when you've had perhaps too much to drink? (101-102)

a. Number of times _ _

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

SECTION G: PREVENTIVE HEALTH PRACTICES

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

38. About how long has it been since you last visited a doctor for a routine checkup?

Was it:	PLEASE READ	(103)
a. Within the past year (0 TO 12 MONTHS AGO)		1
b. Within the past two years (13 TO 24 MONTHS AGO)		2
c. Within the past five years (25 TO 60 MONTHS AGO)		3
OR		
d. More than five years ago (61+ MONTHS AGO)		4
Don't know/Not sure, GO TO Q 48		7
Never, GO TO Q 48		8
Refused, GO TO Q 48		9

39. What type of doctor did you see for your last routine check-up?

Was it:	PLEASE READ	(104)
a. Family or General Practitioner		1
b. Internist		2
c. Specialist such as heart, lung, or stomach specialist		3
d. Other		4
(ASK FOR WOMEN ONLY)		
e. Obstetrician/gynecologist		5
(DO NOT READ) Don't know/Not sure		7
Refused		9

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

40. Have you ever had your blood cholesterol checked? (105)

a. Yes	1
b. No, GO TO Q 47 (p. 18)	2
Don't know/Not sure, GO TO Q 47 (p. 18)	7
Refused, GO TO Q 47 (p. 18)	9

41. About how long has it been since you last had your blood cholesterol checked?

Was it:	PLEASE READ	(106)
a. Within the past year (0 TO 12 MONTHS AGO)		1
b. Within the past two years (13 TO 24 MONTHS AGO)		2
c. Within the past five years (25 TO 60 MONTHS AGO)		3
OR		
d. More than five years ago (61+ MONTHS AGO)		4
Don't know/Not sure		7
Refused		9

42. Have you ever been told your blood cholesterol level, in numbers? (107)

- a. Yes 1
- b. No, GO TO Q 44 2
- Don't know/Not sure, GO TO Q 44 7
- Refused, GO TO Q 44 9

43. What is your blood cholesterol level? (108-110)

- a. Record the number — — —
- b. Don't know/Not sure 7 7 7
- Refused 9 9 9

44. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (111)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

45. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level? (112)

- a. Yes 1
- b. No, GO TO Q 47 (p. 18) 2
- Don't know/Not sure, GO TO Q 47 (p. 18) 7
- Refused, GO TO Q 47 (p. 18) 9

46. Did the doctor:

46a. --prescribe a medication to lower your blood cholesterol? (113)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

46b. --provide you with a low fat or low cholesterol diet? (114)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

46c. --refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet? (115)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

47. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes? (116)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

SECTION H: DEMOGRAPHICS

These next few questions ask for a little more information about yourself.

48. How old were you on your last birthday? (117-118)

- a. Code age in years
- Don't know/Not sure 0 7
- Refused 0 9

49. What is your race?
Would you say: PLEASE READ (119)

- a. White 1
- b. Black 2
- c. Asian, Pacific Islander 3
- d. Aleutian, Eskimo, or American Indian 4
- e. Other: (specify) 5
- Don't know/Not sure 7
- Refused 9

50. Are you of Hispanic origin such as Mexican American,
Latin American, Puerto Rican, or Cuban? (120)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

51. What is the highest grade or year of school you completed?
READ ONLY IF NECESSARY (121)

- a. Eighth Grade or Less 1
- b. Some High School 2
- c. High School Grad or GED Certificate 3
- d. Some Technical School 4
- e. Technical School Graduate 5
- f. Some College 6
- g. College Graduate 7
- h. Post Grad or Professional Degree 8
- Refused 9

52. Are you currently: PLEASE READ (122)

- a. Employed for wages 1
- b. Self employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- OR
- g. Retired 7
- Refused 9

53. And are you: PLEASE READ (123)

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- OR
- f. A member of an unmarried couple 6
- Refused 9

54. Which of the following categories best describes your annual household income from all sources? PLEASE READ (124)

- a. Less than \$10,000 1
- b. \$10 to \$15,000 2
- c. \$15 to \$20,000 3
- e. \$20 to \$25,000 4
- e. \$25 to \$35,000 5
- f. \$35 to \$50,000 6
- OR
- g. Over \$50,000 8
- Don't know/Not sure 7
- Refused 9

55. About how much do you weigh without shoes? (125-127)

- a. Weight Pounds
- Don't know/Not sure 7 7 7
- Refused 9 9 9

56. About how tall are you without shoes? (128-130)

- a. Height Ft./Inches
- Don't know/Not sure 7 7 7
- Refused 9 9 9

57. INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK IF NECESSARY (131)

- a. Male, GO TO Q 85 (p. 25) 1
- b. Female 2

These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

58. Have you ever had a mammogram? (132)

- a. Yes 1
- b. No GO TO Q 60b (bottom of p. 24) 2
- Don't know/Not sure GO TO Q 63 (p. 25) 7
- Refused GO TO Q 63 (p. 25) 9

59. About how long has it been since you had your last mammogram?

Was it: PLEASE READ (133)

- a. Within the past year GO TO Q 61 (p. 24) (0 TO 12 MONTHS AGO) 1
- b. Within the past two years (13 TO 24 MONTHS AGO) 2
- c. Within the past five years (25 TO 60 MONTHS AGO) 3
- OR
- d. More than five years ago (61+ MONTHS AGO) 4
- Don't know/Not sure 7
- Refused 9

60a. What is the most important reason that you did not have a mammogram in the last year?

(DO NOT READ LIST. RECORD ONLY ONE ANSWER)

(134)

- a. Not recommended by doctor / doctor never said it was needed 1
- b. Not needed/not necessary 2
- c. Never heard of mammogram 3
- d. Cost 4
- e. No insurance to pay for it 5
- f. Other 6
- Don't know/Not sure 7
- Refused 9

61. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer? (135)

- a. Routine checkup 1
- b. Breast problem 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

62. Whose idea was it for you to have this last mammogram - was it your idea, your doctor's idea, or someone else's idea?

(Probe for the most influential. Record only one response.)

(136)

- a. Respondent's idea 1
- b. Doctor's idea 2
- c. Someone else's idea 3
- Don't know/Not sure 7
- Refused 9

INTERVIEWER GO TO Q 61, PAGE 23

60b. What is the most important reason that you never had a mammogram?

(Do not read list. Record only one answer)

(134)

- a. Not recommended by doctor / doctor never said it was needed 1
- b. Not needed / not necessary 2
- c. Never heard of mammogram 3
- d. Cost 4
- e. No insurance to pay for it 5
- f. Other 6
- Don't know/Not sure 7
- Refused 9

INTERVIEWER: ASK THESE TWO QUESTIONS ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE.
OTHERWISE GO TO QUESTION 65 BELOW.

63. To your knowledge, are you now pregnant? (137)

- a. Yes 1
- b. No, GO TO Q 65 2
- Don't know/Not sure, GO TO Q 65 7
- Refused, GO TO Q 65. 9

64. During what month is your baby due? (138-139)

Code Month	a. Code Month	
Jan 01		
Feb 02		
Mar 03	Don't know/Not sure	7 7
Apr 04		
May 05	Refused	9 9
Jun 06		
Jul 07		
Aug 08		
Sep 09		
Oct 10		
Nov 11		
Dec 12		

65. How many telephone numbers will reach this household,
including the number I used today?

DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS IF NECESSARY.
INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD

(140)

- a. Total Telephone Numbers

CLOSING STATEMENT

That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

MODULE 3: CERVICAL CANCER SCREENING

PLEASE NOTE: Ask all females, otherwise go to next module

These next questions are about certain kinds of medical tests and examinations.

1. Have you ever heard of a Pap smear test? (146)

- a. Yes 1
- b. No GO TO NEXT MODULE 2
- Don't know/Not sure GO TO NEXT MODULE 7
- Refused GO TO NEXT MODULE 9

2. Have you ever had a Pap smear? (147)

- a. Yes 1
- b. No GO TO NEXT MODULE 2
- Don't know/Not sure GO TO NEXT MODULE 7
- Refused GO TO NEXT MODULE 9

3. When did you have your last Pap smear?
Was it: PLEASE READ (148)

- a. Within the past year (9 TO 12 MONTHS AGO) 1
- b. Within the past two years (13 TO 24 MONTHS AGO) 2
- c. Within the past five years (25 TO 60 MONTHS AGO) 3
- OR
- d. More than five years ago (61+ MONTHS AGO) 4
- Don't know/Not sure 7
- Refused 9

4. Have you had a hysterectomy? (149)

PLEASE NOTE: A hysterectomy is "An operation to remove the uterus"

- a. Yes 1
- b. No 2
- Don't know/Not sure 7

CONNECTICUT SPECIFIC QUESTIONS

Breast Cancer Screening: Ask of all women.

1. Do you know how to examine your own breasts for lumps? (172)
- a. Yes 1
 - b. No GO TO NEXT MODULE. 2
 - Don't know (GO TO NEXT MODULE). 7
 - Refused (GO TO NEXT MODULE). 9
2. About how often do you examine your breasts for lumps? (times per day/times per week/times per month/times per year) (173-175)
- a. Times per day. 1 _ _
 - b. Times per week 2 _ _
 - c. Times per month. 3 _ _
 - d. Times per year. 4 _ _
 - e. Never 8 8 8
 - Don't know/not sure 7 7 7
 - Refused. 9 9 9

Injury Module (state specific) ASK OF ALL RESPONDENTS

1. Is there a working smoke detector in your household? (176)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Town Module (ASK OF ALL RESPONDENTS)

1. What town do you live in? (177-179)
- a. Town code _ _ _
 - Don't know/not sure 7 7 7

That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.